

**Southwest Tribal Housing Alliance (SWTHA)**

**Associate Member Code of Ethics**

**Annual Oath and Commitment**

Please sign this document and attach to your Application for Membership, or return a signed copy with your Annual Membership Dues renewal invoice. Your Associate Membership requires that this document be on file with SWTHA. The conduct and activities of our Associate Members have an impact on SWTHA’s reputation and on our ultimate success. SWTHA’s Executive Board, at its sole discretion, may terminate your membership if in its opinion, the Associate Member Code of Ethics has been violated, with no appeal rights. Your Associate Membership in SWTHA is a privilege, not a right.

**Oath and Commitment**

As an Associate Member in SWTHA, in carrying out our roles of providing products, services or consulting services to the Voting Members of SWTHA, we recognize the need to do so in a professional manner. We also commit to work with the public and our industry colleagues throughout Indian country - including Associate members who may compete with us, with the highest degree of respect and integrity.

We hereby pledge:

* To adhere to professional standards of conduct in our interaction with Voting members and our fellow Associate members of SWTHA, in order to further the organization's mission, goals and objectives.
* To constantly project an attitude of courtesy and professional respect for Voting Members and other Associate Members.
* To conduct all business affairs and marketing activities with integrity, respect, cultural sensitivity and accuracy, and to do so in an open and forthright manner.
* To maintain the highest quality of products, services and consulting services offered to Indian Country at a fair and reasonable cost or rate.

**I have read and agree to adhere to the SWTHA Associate Member Code of Ethics:**

Associate Member Name (Print Your Organization’s Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative (Print Your Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_