



MUTUAL CONFIDENTIALITY AGREEMENT

I understand in the course of my duties on an American Homebrewers Association (AHA) committee, I will have access to confidential information about the association. I agree that during and after my service, I will not disclose any such confidential information to any person or entity except as the AHA specifically authorizes or directs in writing.

I will observe all requirements or procedures that the AHA may require.

[AHA Representative]

[SIGNATURE] _____

[NAME] _____

[TITLE] _____

[PHONE] _____

[EMAIL] _____

[ADDRESS] _____

[DATE] _____

AMERICAN HOMEBREWERS ASSOCIATION

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