

SOUTH CAROLINA USBC ASSOCIATION

Candidate Form

Date _____

Name: _____

USBC ID# _____

Address: _____

Home Phone: () _____

City: _____ State _____ Zip: _____

Business Phone: () _____

Local Association: _____

Education (Indicate years completed by circling number)

Years member: National _____ State _____ Local _____

High School College Other Training

Are you presently bowling in an uncertified league? _____

1 2 3 4 1 2 3 4 1 2 3 4

Name of certified league(s) of which you are a member this season:

1. _____ 2. _____

Have you:

(Please circle your answer)

1. A working knowledge of USBC rules and regulation?

Yes No

2. A working knowledge of Roberts Rules of Parliamentary Procedures?

Yes No

3. The time to attend all called meetings?

Yes No

4. The time to work on various committees to which you are appointed?

Yes No

5. Time to accept other assignments?

Yes No

List any special skills that you may have, such as software knowledge and office equipment experience

League Officer

1. _____ # Years _____ 3. _____ # Years _____

2. _____ # Years _____ 4. _____ # Years _____

Association History List present or most recent Association positions first. Complete even if accompanied by resume.

Local Association

State Association

Officers: _____ # Years _____

Officer: _____ # Years _____

Director: _____ # Years _____

Directors: _____ # Years _____

Local Association Committees

State Association

Committee Name # Years Chair Member

Committee Name # Years Chair Member

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Reference: List (1) person, other than relatives, who has knowledge of your bowling background or Education

Name Mailing Address Phone number

1. _____

Why do you want to serve on this board? _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.

All information contained in this application is true to the best of my knowledge and belief.

I here by consent to have my name placed in Nomination for the office of: _____

Signature: _____

NOTE: If anyone plans to nominate someone from the floor, be sure to have their qualifications and are ready to read them.

Thank you for your interest in our association

Please use the back of this form for additional information if needed

RETURN TO: KAY MITTERLING, ASSOCIATION MANAGER

DEADLINE: 40 DAYS PRIOR TO THE ANNUAL MEETING