

Missouri Capital Area USBC Association Board Candidate Form

All questions must be answered as completely as possible.

If not enough space, attach an additional page.

New Candidate _____

Incumbent _____

Name: (Miss, Mrs, Mr.) _____

Address _____ Zip Code _____

Telephone: Home _____ Business _____

Are you an active bowler this season? _____ How many years have you bowled? _____

To be completed by new candidates only:

Do you have:

1. Working knowledge of USBC rules and regulations? _____

2. Time to participate in all local association activities and assist at the Showcase when your services are required? _____

3. Are you familiar with Roberts Rules of Order? _____

Local Association Committees (Attach additional page if necessary)

Committees

Chairman

Member

Local league offices you have held? _____

Other current affiliations related to bowling: Give full name and your title: _____

I hereby consent to have my name placed in nomination/for re-election to the office of:

I hereby consent to have my name submitted for another office should this be the decision of the nominating committee. _____ Yes _____ No

Signature of Nominee/Incumbent _____ Date _____

Please complete and submit to the MO Capital Area USBC nominating committee