

# NATION'S CAPITAL AREA USBC ASSOCIATION OFFICER / DIRECTOR / DELEGATE CANDIDATE FORM

NCAUSBCA Nominating Committee  
9315 Largo Drive West, Suite 110  
Largo, MD 20774-4762

*Please read form carefully and complete in its entirety.*

## APPLICANT INFORMATION – Please type or print clearly

Name (Last)	Name (First, Middle)
Street Address	Day Telephone (       )
City, State, Zip Code	Evening Telephone (       )
<p><u>Are you under 18 years of age?</u>                      Yes ___                      No ___</p> <p>Have you ever been convicted of a crime or pleaded “no contest” for any offense or violation other than minor traffic violations?                      Yes ___                      No ___</p> <p>If yes, explain (1) nature of crime, (2) date of conviction, and (3) state in which convicted. (Convictions are not an automatic bar from consideration.)</p> <p>_____</p> <p>_____</p>	
<p>I hereby submit my name for the following: Delegate _____</p> <p>Officer (please specify position) _____ Board of Directors _____</p>	

EXPERIENCE		
<u>Board of Directors</u>	<u>League Office</u>	<u># Workshops Attended</u>
Local: _____ years	President: _____ years	Local: _____
National: _____ years	Secretary: _____ years	National: _____
<p>Leagues and Centers in which you bowl: _____</p> <p>_____</p> <p>_____</p>		
<p>Other Experience (e.g., tournament director, junior coach, bowling clubs, assisted with City and State Tournaments, etc.) _____</p> <p>_____</p> <p>_____</p>		

**TRAINING COURSES (List any relevant training, volunteer activities, professional organization, licenses or any other information you consider relevant to the position/office you wish to be considered.)**

<u>Course/Seminar</u>	<u>Sponsoring Organization</u>	<u>Date(s) Attended</u>
_____	_____	_____
_____	_____	_____

**Present Employment:**  
\_\_\_\_\_

**Duties:**  
\_\_\_\_\_

**ASSOCIATION HISTORY – List present or most recent association positions.**

<u>Association Name</u>	<u>Position Title</u>	
_____	_____	
<u>City/State</u>	<u>Start Date</u>	<u>End Date</u>
_____	_____	_____

**Describe Duties/Responsibilities:**  
\_\_\_\_\_  
\_\_\_\_\_

**REASONS FOR PLACING MY NAME IN NOMINATION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please Read Carefully Before Signing This Form*  
All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in removal from office. If elected as an Officer or Director of the Nation’s Capital Area USBC Association board, I will make every effort to attend all board meetings, hearings, workshops, open meetings, and other special functions of the Nation’s Capital Area USBC Association.

I hereby consent to have my name placed in nomination and agree to serve if elected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMISSION DEADLINE: JANUARY 37, 2033**