

**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 _____

_____ (_____) _____

Are you under 18 years of age? Yes ___ No ___

Have you ever been convicted of a crime or pleaded “no contest” for any offense or violation other than minor traffic violations? Yes ___ No ___

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.)

I hereby submit my name for the following: Delegate _____

Officer (please specify position) _____ Board of Directors _____

EXPERIENCE

Board of Directors League Office # Workshops Attended

Local: _____ years President: _____ years Local: _____

National: _____ years Secretary: _____ years National: _____

Leagues and Centers in which you bowl: _____

Other Experience (e.g., tournament director, junior coach, bowling clubs, assisted with City and State Tournaments, etc.) _____

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.)

Course/Seminar

Sponsoring Organization

Date(s) Attended

Present Employment:

Duties:

ASSOCIATION HISTORY – List present or most recent association positions.

Association Name

Position Title

City/State

Start Date

End Date

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: NOVEMBER 30, 2009