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

NCAUSBCA Nominating Committee 9315 Largo Drive West, Suite 110 • Largo, MD 20774-4762 Fax: 301/499-5927 • eMail: manager@ncausbca.org

Please read form carefully and complete in its entirety.

**APPLICANT INFORMATION** — Please type or print clearly.

NAME		CITY, STAT	E		
I hereby submit my name fo	or the following: President		Vice	Presiden	t
Director Virginia State Delegate	Youth Director USBC Delegate		,	<b>Voluntee</b>	er
BOWLING-RELATED EX	PERIENCE				
<b>Board of Directors</b>	League Officer	<u>Associa</u>	Association Annual Meetings Attended (Select one)		
Local: years	years	0	1-2	-	5 or more
National: years					
Other Leadership Experier	nces (if necessary, attach résu	ımé):			
Leagues and Centers in whi	ch you bowl:				

TRAINING COURSES (List any rel organization, licenses, or any ot office you wish to be considered	her information you consider rel	-
Course/Seminar	Sponsoring Organization	
Present Employment:		
Duties:		
BOWLING ASSOCIATION HISTOR	Y — List present or most recent	association positions.
ASSOCIATION NAME	POSITION TITLE	_
CITY / STATE	START DATE	END DATE
REASONS FOR PLACING MY NAME IN	NOMINATION:	
Please R All information contained in/with this a understand that mispresentations or o as a Director of the Nation's Capital Are every effort to attend all Board meeting functions of the NCAUSBCA. In addition than 45 days after taking office.	missions of any kind may result in remo ea USBC Association Board or if appoint gs, hearings, workshops, open meeting	oval from office. If elected ted to the Board, I will make gs, and other special
I hereby consent to have my name place	ed in nomination and agree to serve if	elected.
SIGNATURE		