

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: _____

BOWLING ASSOCIATION HISTORY — List present or most recent association positions.

ASSOCIATION NAME	POSITION TITLE		
_____	_____	START DATE	END DATE
CITY / STATE		_____	_____

Describe Duties / Responsibilities (include any potentially helpful skill sets): _____

REASONS FOR PLACING MY NAME IN NOMINATION: _____

Please Read Carefully Before Signing This Form

All information contained in/with 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 a Director of the Nation's Capital Area USBC Association Board or if appointed to the Board, I will make every effort to attend all Board meetings, hearings, workshops, open meetings, and other special functions of the NCAUSBCA. In addition, **I pledge to become a USBC Registered Volunteer no later than 45 days after taking office.**

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

SIGNATURE

DATE