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, STATE			
I hereby submit my name Director Virginia State Delegate	Youth Directo	or Volunteer			
BOWLING-RELATED E	XPERIENCE				
Board of Directors	League Officer	Association Annual Meetings Attended (Select one)			
Local: years	years	0 1-2 3-4 5 or more			
National: years					
Other Leadership Experiences (if necessary, attach résumé):					
Leagues and Centers in w	hich you bowl:				

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	
CITY / STATE	START DATE	END DATE
Describe Duties / Responsibilities (include any potential	ly 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 mispresentations 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.