

SOUTH CAROLINA USBC ASSOCIATION

Candidate Form Date \_\_\_\_\_

Name: \_\_\_\_\_ USBC ID# \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_
Local Association: \_\_\_\_\_ Education (Indicate years completed by circling number)
Years member: National \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other Training \_\_\_\_\_
Are you presently bowling in an uncertified league? \_\_\_\_\_ 1 2 3 4 1 2 3 4 1 2 3 4
Name of certified league(s) of which you are a member this season:
1. \_\_\_\_\_ 2. \_\_\_\_\_

Have you: (Please circle your answer)
1. A working knowledge of USBC rules and regulation? Yes No
2. A working knowledge of Roberts Rules of Parliamentary Procedures? Yes No
3. The time to attend all called meetings? Yes No
4. The time to work on various committees to which you are appointed? Yes No
5. Time to accept other assignments? Yes No

List any special skills that you may have, such as software knowledge and office equipment experience

\_\_\_\_\_
\_\_\_\_\_

League Officer

1. \_\_\_\_\_ # Years \_\_\_\_\_ 3. \_\_\_\_\_ # Years \_\_\_\_\_
2. \_\_\_\_\_ # Years \_\_\_\_\_ 4. \_\_\_\_\_ # Years \_\_\_\_\_

Association History List present or most recent Association positions first. Complete even if accompanied by resume.

Local Association

Officers: \_\_\_\_\_ # Years \_\_\_\_\_
Director: \_\_\_\_\_ # Years \_\_\_\_\_

State Association

Officer: \_\_\_\_\_ # Years \_\_\_\_\_
Directors: \_\_\_\_\_ # Years \_\_\_\_\_

Local Association Committees

Committee Name # Years Chair Member
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

State Association

Committee Name # Years Chair Member
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reference: List (1) person, other than relatives, who has knowledge of your bowling background or Education

Name Mailing Address Phone number
1. \_\_\_\_\_

Why do you want to serve on this board? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.

All information contained in this application is true to the best of my knowledge and belief.

I here by consent to have my name placed in Nomination for the office of: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: If anyone plans to nominate someone from the floor, be sure to have their qualifications and are ready to read them.

Thank you for your interest in our association

Please use the back of this form for additional information if needed

RETURN TO: KAY MITTERLING, ASSOCIATION MANAGER, 156 Stonerdige Dr., Chesnee, SC 29323

DEADLINE: March 15, 2019