



Board Application

APPLICANT INFORMATION - Please type or print clearly in black ink			
Name (Last)		Name (First, Middle)	
Street Address		Day Telephone	
City, State, Zip Code		Evening Telephone	
Are you under 18 years of age?		Email Address	
Position Desired: <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Proprietor <input type="checkbox"/> Sergeant at Arms			
<input type="checkbox"/> Director Term Desired 1 YR 2 YR 3 YR <input type="checkbox"/> YABA Director			
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.)			
Special Skills			
1. Please describe processing speed, software knowledge, and office equipment experience.			
2. Please describe other office equipment experience or skills/hobbies that would enhance the board.			
BOARD EXPERIENCE - List any previous and present board positions and terms of those offices.			
Sponsoring Association	Name/Position or Title	City State, Zip	Phone
Describe Term,Duties/Responsibilities:			
Start Date	End Date	May we contact this association?	
Describe Term,Duties/Responsibilities:			
Start Date	End Date	May we contact this association?	
BOWLING EXPERIENCE - List previous and present teams and leagues as well as any positions held within those leagues. Including your current sanction affiliation numbers:			
OFFICE AND/OR AFFILIATIONS IN ORGANIZATIONS OTHER THAN BOWLING:			

TRAINING COURSES - List any relevant academic honors, awards, scholarships, professional organization, volunteer activities,

Sponsoring Association	Name/Position or Title	City State, Zip	Phone

Describe Duties/Responsibilities:

Start Date	End Date	May we contact this association?

Sponsoring Association	Name/Position or Title	City State, Zip	Phone

Describe Duties/Responsibilities:

Start Date	End Date	May we contact this association?

Sponsoring Association	Name/Position or Title	City State, Zip	Phone

Describe Duties/Responsibilities:

Start Date	End Date	May we contact this association?

Sponsoring Association	Name/Position or Title	City State, Zip	Phone

Describe Duties/Responsibilities:

Start Date	End Date	May we contact this association?

If currently employed, give name of employer and position held:

In order for a candidate to be eligible for election as a MCUSBC Officer or director, he/she must be a member of either the MCBA or MCWBA at the time of election and through out the term of office, with a minimum of twenty-one (21) games bowled.

- HAVE YOU ATTENDED ANY MCBA/MCWBA ANNUAL MEETINGS?
- HAVE YOU WORKING KNOWLEDGE OF GENERAL BOWLING LEAGUE RULES?
- HAVE YOU A WORKING KNOWLEDGE OF ROBERT'S RULES OF PARLIAMENTARY PROCEDURE?

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 denial or removal from office (which ever is applicable).

I hereby consent to have my name placed into nomination for the office of: _____.

Signed by Applicant _____ Date: _____

Thank you for your interest in our association.