

SE MN USBC BOARD APPLICATION

(Please type or print clearly in blue or black ink)

Please submit this form to Sonny Feind by August 5, if you are interested in being a director on the new USBC Board.

APPLICANT INFORMATION

Name (Last)	Name (First, Middle)	
Street Address	Day Telephone	Evening Telephone
City, State, Zip Code	What Bowling Center do you want to represent or are you applying for an at-large-position?	
Are you a currently a member of the United States Bowling Congress (USBC)? <input type="checkbox"/> Yes <input type="checkbox"/> No **If not would you consider becoming a member? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you attended any local or state board meetings in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have time to attend meetings of committees to which you may be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have time to attend at least two board and one membership meeting each year? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have time to assist at the Team or Doubles & Singles Tournament? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> 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 service.)		

ASSOCIATION HISTORY – list present or most recent Local or State Association positions.

Complete even if accompanied by a resume.

Association Name	Position Title's	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
Association Name	Position Title's	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	

(If additional space is needed attach additional page)

-OVER-

SKILLS AND ABILITIES – Describe the strengths you can bring to the SE MN USBC Board if selected.

Why do you desire to be on the board or volunteer?

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).

Signed by Applicant _____ Date _____

Thank you for your interest in serving on the new SE MN USBC Board.

Please send signed application to: Sonny Feind
SE MN USBC Nominating Committee Chairperson
1806 - 18½ St NW
Rochester, MN 55901
507-288-1551