## TWIN CITIES USBC ASSOCIATION <br> DIRECTOR $\square$ OR ASSOCIATION REPRESENTATIVE APPLICATION <br> (Please type or print clearly in blue or black ink)

## APPLICANT INFORMATION

| Name (Last) | Name (First, Middle) |
| :--- | :--- |
| Street Address | Phone \# |
| City, State, Zip Code | Cell Phone \# |
| E-Mail Address |  |
| Are you under 18 years of age? | Yes |
| Have you ever been convicted of a Felony crime | No |
| If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. <br> (Convictions are not an automatic bar from service.) |  |

ASSOCIATION and/or ORGANIZATION HISTORY - list present or most recent State or Local association positions. Complete even if accompanied by a resume.

(If additional space is needed attach additional page)

SKILLS AND ABILITIES - Describe the strengths you can bring to the Board if selected.
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Why do you desire to be on the board or volunteer?
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## 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 $\qquad$ Date $\qquad$
Thank you for your interest in our association

Mail To: Twin Cities USBC Association
1711 W. County Rd B, Suite 112 S
Phone (763) 971-0800
Phone (651)415-2828
Fax (651) 415-2828


Email to: Twincitiesusbc @aol.com

