

TWIN CITIES USBC ASSOCIATION

DIRECTOR OR ASSOCIATION REPRESENTATIVE APPLICATION

(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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a Felony crime <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 and/or ORGANIZATION HISTORY – list present or most recent State or Local 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	
Organization 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)

