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? Yes N	О	
Have you ever been convicted of a Felony cr	ime 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 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)

SKILLS AND ABILITIES – Describe the strengths you can bring to the 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 f office (which ever is applicable).		
Signed by Applicant Date		
Thank you for your interest in our association		

Mail To: Twin Cities USBC Association

1711 W. County Rd B, Suite 112S

Phone (763) 971-0800 Phone (651)415-2828 Fax (651) 415-2828



Email to: Twincitiesusbc@aol.com