

THE TWIN CITIES USBC ASSOCIATION IS LOOKING FOR PEOPLE WHO ARE PASSIONATE ABOUT THE SPORT OF BOWLING AND WOULD LIKE TO BE A MEMBER OF THE BOARD. THERE ARE 6 BOARD MEETINGS A YEAR, YOU WOULD HAVE A FEW COMMITTEE MEETINGS AND YOU WOULD HELP OUT AT THE ASSOCIATION SPONSORED TOURNAMENTS FOR ONE DAY OR ONE SHIFT, WHATEVER TIME YOU CAN SPARE.

IF YOU ARE INTERESTED, PLEASE FILL OUT THE ATTACHED NOMINATION FORM AND RETURN IT TO THE BOWLING OFFICE NO LATER THAN AUGUST 26, 2023.

WE WOULD LOVE TO HAVE YOU JOIN THE BOARD AND BRING YOUR IDEAS AND EXPERTISE TO THE ASSOCIATION!!

## TWIN CITIES USBC ASSOCIATION

## DIRECTOR OR ASSOCIATION REPRESENTATIVE APPLICATION

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

Name (Last)	Name (First, Mid	Name (First, Middle)	
Street Address	Phone #		
City, State, Zip Code	Cell Phone #	Cell Phone #	
E-Mail Address			
Are you under 18 years of age? Yes	No		
Have you ever been convicted of a Felo If yes, explain 1) nature of crime, 2) dat (Convictions are not an automatic bar from the convictions are not an automatic bar from the convicted of a Felo II year.	e of conviction, and 3) s		
Local association positions. Complete e	TION HISTORY – list even if accompanied by a Position Title's	present or most recent S a resume.	
Local association positions. Complete of Association Name	even if accompanied by	present or most recent S a resume.	
Local association positions. Complete of Association Name  Street Address	Position Title's	End Date	
Local association positions. Complete of Association Name  Street Address  City, State, Zip	Position Title's  Start Date  Assoc. Phone	End Date  May we contact this association?	
Local association positions. Complete of Association Name  Street Address  City, State, Zip  Describe Duties/Responsibilities:	Position Title's  Start Date  Assoc. Phone ( )	End Date  May we contact this association?	
Local association positions. Complete of Association Name  Street Address  City, State, Zip  Describe Duties/Responsibilities:  Organization Name	Position Title's  Start Date  Assoc. Phone ( )  Reason for Leaving	End Date  May we contact this association?	
ASSOCIATION and/or ORGANIZA Local association positions. Complete of Association Name  Street Address  City, State, Zip  Describe Duties/Responsibilities:  Organization Name  Street Address  City, State, Zip	Position Title's  Start Date  Assoc. Phone ( )  Reason for Leaving	End Date  May we contact this association?	

(If additional space is needed attach additional page)

SKILLS AND ABILITIES - D	Describe the strengths you can bring to the Board if selected.	
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Why do you desire to be on the	e board or volunteer?	
Please read carefully before sig	ning this form	
All information contained in this understand that misrepresentation office (which ever is applicable).	application is true to the best of my knowledge and belief. In sor omissions of any kind may result in denial or removal fro	
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

