

## TWIN CITIES

## USBC ASSOCIATION

> 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!!

## 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.

| Association Name | Position Title's |  |
| :--- | :--- | :--- |
| Street Address | Start Date | End Date |
| City, State, Zip | Assoc. Phone <br> $\left(\begin{array}{l}~\end{array}\right.$ | May we contact this <br> association? |
| Describe Duties/Responsibilities: | Reason for Leaving |  |
| Organization Name | Position Title's |  |
| Street Address | Start Date | End Date |
| City, State, Zip | Assoc. Phone <br> ( $\quad)$ | May we contact this <br> association? |
| Describe Duties/Responsibilities: | Reason for Leaving |  |

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 112S
Phone (763) 971-0800
Phone (651)415-2828
Fax (651) 415-2828


Email to: Twincitiesusbc@aol.com

