

# 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.

<b>Association Name</b>	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	
<b>Organization Name</b>	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.

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**Why do you desire to be on the board or volunteer?**

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**APPLICATION DUE JUNE 30, 2025**

**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 \_\_\_\_\_ 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 or (651)415-2828  
Fax (651) 415-2828  
Email to: Twincitiesusbc@aol.com

