



# MISSOURI STATE USBC ASSOCIATION BOARD OF DIRECTORS APPLICATION

Name(Last) \_\_\_\_\_ Name (First, Middle) \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

<b>OTHER INFORMATION:</b>	<b>YES</b>	<b>NO</b>
1. Are you under 18 years of age?		
2. Is your local association merged?		
3. Are you an incumbent?		

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>	<b>YES</b>	<b>NO</b>
1. Do you have a working knowledge of USBC Rules & Regulations?		
2. Do you have a working knowledge of Robert's Rules of Parliamentary Procedure?		
3. Have you been continuously active in your local and state association(s)?		
4. Do you have time to visit local associations and assist at state functions when required?		
5. Do you have time to spend four days at the Fall and Annual Meetings and the Showcase?		
6. Can you accept overnight assignments without interfering with your job?		

**EMPLOYMENT RECORD OR BUSINESS OWNERSHIP (List in reverse chronological order for the last three years)**

Firm	Position	Dates
Responsibilities		
Firm	Position	Dates
Responsibilities		
Firm	Position	Dates
Responsibilities		

**ASSOCIATION HISTORY** (Please list any or more recent Association Positions, or League Offices, first)

Association or League Name \_\_\_\_\_ Position or Title \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

COMMITTEES	CHAIR	MEMBER

\_\_\_\_\_

Association or League Name \_\_\_\_\_ Position or Title \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

COMMITTEES	CHAIR	MEMBER

\_\_\_\_\_

Association or League Name \_\_\_\_\_ Position or Title \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

COMMITTEES	CHAIR	MEMBER

\_\_\_\_\_

Association or League Name \_\_\_\_\_ Position or Title \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

COMMITTEES	CHAIR	MEMBER

\_\_\_\_\_

**OTHER AFFILIATIONS RELATED TO BOWLING: (Give full name and your title)**

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE LIST THE MOUSBC ANNUAL MEETINGS YOU HAVE ATTENDED IN THE LAST FOUR YEARS:**

Year	Location
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE LIST THE USBC NATIONAL CONVENTIONS YOU HAVE ATTENDED IN THE LAST FOUR YEARS:**

Year	Location
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE DESCRIBE WHY YOU WOULD LIKE TO BE CONSIDERED FOR A POSITION ON THE MOUSBC BOARD:**

**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM:**

I HEREBY CONSENT TO HAVE MY NAME PLACED IN NOMINATION AS A MEMBER OF THE MISSOURI STATE USBC BOARD OF DIRECTORS AS:


PRESIDENT (Must have served at least one term as Director)

VICE-PRESIDENT (Must have served at least one term as Director)

DIRECTOR

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial or removal from office (whichever is applicable).

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_



**CANDIDATE FORMS MUST BE POSTMARKED BY FEBRUARY 1, 2019 MAIL ONE COPY TO THE STATE OFFICE:**

**MISSOURI STATE USBC ASSOCIATION**

34 PCR 511, Perryville, MO 63775

**OR EMAIL TO (Preferred):**

AssociationManager@mousbc.org



**OFFICES TO BE FILLED DURING THE 2019 ANNUAL MEETING:**

**OFFICERS:**

1st Vice President

**DIRECTORS:**

Seven Director Positions