



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 _____

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

PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES	NO
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



Please use an additional page, as necessary.

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

P.O. Box 487, Holts Summit, MO 65043

OFFICES TO BE FILLED DURING THE 2017 ANNUAL MEETING:

OFFICERS: 1st Vice President

DIRECTORS: Seven Director Positions