

**Alabama USBC Association
Officers & Board of Directors Candidate Form**

Name: _____ Birthdate: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Alternate No: _____

USBC Membership No. _____ Years as a Member: _____ ABC: _____ WIBC: _____

Please list Annual Bowling Meetings that you have attended in the past 5 years and in what capacity:
(ie. Delegate, State Officer/Director or guest)

Meeting (Year & Place)	Capacity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you a delegate to the 2008 Alabama USBC Association in Montgomery? _____

List all offices you now hold: (use additional pages if necessary)
For State and Local Officer/Director, please indicate ASBA, AWBA, AYABA or USBC

P	State Officer: _____ Yrs. _____	Director: _____ Yrs. _____
	(Title)	
R	Local Officer: _____ Yrs. _____	Director: _____ Yrs. _____
	(Title)	
E	League Officer: _____ Yrs. _____	_____ Yrs. _____
	(Title)	(Title)
S	_____ Yrs. _____	_____ Yrs. _____
	(Title)	(Title)

E
State/Local Committees: (Do not list sub-committees) (Circle Chm or Mbr.)

N

I	_____ Chm / Mbr	_____ Chm / Mbr
	_____ Chm / Mbr	_____ Chm / Mbr
	_____ Chm / Mbr	_____ Chm / Mbr

Other current affiliations related to bowling: (Give full name and your title)

List all offices you have held in the past: *(use additional pages if necessary)*
 For State and Local Officer/Director, please indicate ASBA, AWBA, AYABA or USBC

P
A State Officer: _____ Yrs. _____ Director: _____ Yrs. _____
S (Title)
I Local Officer: _____ Yrs. _____ Director: _____ Yrs. _____
 (Title)
 League Officer: _____ Yrs. _____ _____ Yrs. _____
P (Title) (Title)
A _____ Yrs. _____ _____ Yrs. _____
 (Title) (Title)

S State/Local Committees: (Do not list sub-committees) *(Circle Chm or Mbr.)*

I _____ Chm / Mbr _____ Chm / Mbr
 _____ Chm / Mbr _____ Chm / Mbr

Other past/current affiliations related to bowling: (Give full name and your title)

HAVE YOU:

	Yes	No
1. A working knowledge of USBC Rules and Regulations?	_____	_____
2. A working knowledge of Robert's Rules of Parliamentary Procedures?	_____	_____
3. Been continuously active in your local association?	_____	_____
4. Time to attend various committee meetings to which you may be assigned?	_____	_____
5. Time to accept other assignments such as jamborees, workshops, etc.?	_____	_____

I hereby consent to have my name placed in nomination to the office of _____.

I would consider other offices if required. Please contact me to discuss other positions.

 Signature of Nominee

Date: _____

INSTRUCTIONS FOR SUBMISSION:

Complete and make 2 copies of all pages. Mail the original to the Chairperson of the Nominating Committee and a copy to the Association Manager.
 The Association Manager will then send a copy of your form to each member on the nominating committee.
These must be postmarked no later than JUNE 1, 2009

Kathy Pugh
 Jim Lommen
 Gaynelle Mixon
 Brent Bofenkamo

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