

# OUTSTANDING LOCAL ASSOCIATION MANAGER AWARD

Name of Nominee \_\_\_\_\_

Complete Address \_\_\_\_\_

## QUALIFICATIONS:

Local Association Manager (at least 5 years) \_\_\_\_\_ yrs.

Other offices held: \_\_\_\_\_ yrs.

\_\_\_\_\_ yrs.

\_\_\_\_\_ yrs.

Attended the Iowa State USBC WBA Annual Meetings as a delegate \_\_\_\_\_ yrs.

Number of Iowa State USBC WBA workshops attended in last 5 years. \_\_\_\_\_

Conducts local workshops for league officers Yes No (circle one)

Other: (including promotion of the game, State Tournaments and Workshops; Youth involvement; special honors; **out of the ordinary efforts she/he puts forth for your association and members**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach an additional sheet if necessary or use reverse side of this form.

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### This section to be completed by the State Office

Submits pertinent information on a regular basis \_\_\_\_\_

Submits the following report forms on a timely basis:

Officer Report Form \_\_\_\_\_ December 1<sup>st</sup> averages \_\_\_\_\_

Delegate Credentials \_\_\_\_\_ Deceased Member Reports \_\_\_\_\_

High Score Reports \_\_\_\_\_ Average Book/List \_\_\_\_\_

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Recommended by the \_\_\_\_\_ USBCWBA/BA Board of Directors at a meeting held on \_\_\_\_\_ (date)

Signed: \_\_\_\_\_  
Local USBCWBA/BA President

Phone # \_\_\_\_\_

**Nomination forms must be submitted yearly as forms are not held over from year to year.**

**This form must be postmarked no later than June 1, and returned to:**  
**Iowa State USBC WBA, 939 South 24th Street, Fort Dodge, IA 50501**