

QUALIFICATIONS OF NOMINEE IOWA STATE USBC WBA BOARD OF DIRECTORS

NAME OF CANDIDATE _____ Local Assn. _____

Mailing Address _____ City _____ State _____ Zip + 4 _____

Telephone: Home () _____ Work () _____

OFFICE TO BE NOMINATED FOR: _____

Offices Held: (# of years in each office) If needed, attach a separate sheet.

Current: State Assn. _____
State Committees _____

Local Assn. _____
Local Committees _____

Youth _____

League _____

Past: State Assn. _____
State Committees _____

Local Assn. _____
Local Committees _____

Youth _____

League _____

Other bowling related activities and/or honors: _____

Experience and offices held in other organizations: _____

If employed, give name of employer, position held, & length of employment: _____

If elected to the ISUSBCWBA Board of Directors, will you be able to give the necessary time to attend the mid-year board meeting and the annual meeting, approximately 3 days in August and 2 days preceding the Annual Meeting? _____

Date _____ Signed _____
Signature of Nominee

To be eligible for nomination as an officer or director, a candidate shall be a member of a USBC certified league during the current season and must not be bowling in any uncertified leagues. She must be a member of the ISUSBCWBA at the time of election and throughout her term of office.

Please return this form to the ISUSBCWBA office or to the Chairman of the ISUSBC Nominating Committee no later than December 31.

