

IOWA WOMEN BOWLING WRITERS NOMINATION FORM
QUALIFICATIONS OF NOMINEE

Name of Candidate _____ Local Association _____

Address _____

Telephone: Home - (____) _____ Work- (____) _____

Office To Be Nominated For: _____

Offices Held: (List Office and Number of Years Served)	Check Offices Presently Held
_____	_____

League: _____

Local Assn.: _____

State Assn.: _____

Committees: _____
(State or _____
National, _____
Give Year _____

Experience & Offices Held In Other Organizations

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

If you are elected to an office in the Iowa Women Bowling Writers organization, will you be able to give the necessary time to attend the Annual Meeting, and to perform the duties you may be called on to do? _____

Signed _____ Date _____
(Signature of Nominee)