



Application for position on the Tonawandas USBC Association Board of Directors

Applicant Information (Please type or print)

Name (last) _____ Name (first) _____
Address _____ Home phone _____
City, State, Zip _____ Cell phone _____
Date of Birth _____

Bowling History

Are you currently a member of the Tonawandas USBC Association? Yes No
Have you ever held a League or Association Office? Yes No
If so, what position(s) and length of term:

Can you attend a minimum of Association Board Meetings Yes No
Are you willing to serve on an Association Sub Committee Yes No
Are you willing to work on Association Tournaments Yes No
Are you affiliated with USBC Youth Bowling Yes No
Are you willing to promote USBC and Association bowling Yes No

I wish to be considered for election to the Tonawandas USBC Board of Directors for the position of:

- Director (3 year term)

State why you desire to be a Director with the Tonawandas USBC:

References:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

All information contained in this application is true to the best of my knowledge. If elected, I will perform my duties (as described in the Operations Manual) to the best of my ability. If I am not performing, it is understood that the Board has the right to remove me before my term has expired.

Signature _____ Date _____

Return completed Application to: Tonawandas USBC Association
P.O. Box 44
North Tonawanda, NY 14120

For Official Use
Date received _____

Recommended for Election Yes No