

# NATION'S CAPITAL AREA USBC ASSOCIATION OFFICER / DIRECTOR / DELEGATE CANDIDATE FORM

NCAUSBCA Nominating Committee  
9315 Largo Drive West, Suite 110 • Largo, MD 20774-4762  
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**Please read form carefully and complete in its entirety — VALID eMAIL ADDRESS REQUIRED**

## APPLICANT INFORMATION — Please type or print clearly.

NAME (LAST)

NAME (FIRST, MIDDLE)

STREET ADDRESS

PRIMARY TELEPHONE

CITY, STATE, ZIP CODE

VALID eMAIL ADDRESS

Are you under 18 years of age?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been convicted of a crime or pleaded "no contest" for any offense or violation other than minor traffic violations?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, explain (1) nature of crime, (2) date of conviction, and (3) state in which convicted.  
(Convictions are not an automatic bar from consideration.)

I hereby submit my name for the following: NCAUSBCA Officer (specify position) \_\_\_\_\_

NCAUSBCA Director \_\_\_\_\_    Virginia State Delegate \_\_\_\_\_    USBC Delegate \_\_\_\_\_

## BOWLING-RELATED EXPERIENCE

Board of Directors

League Officer

Association Annual Meetings Attended

(Select one)

Local: \_\_\_\_\_ years

\_\_\_\_\_ years

0    1-2    3-4    5 or more

National: \_\_\_\_\_ years

Other Leadership Experiences (If necessary, attach résumé.) \_\_\_\_\_

Leagues and Centers in which you bowl: \_\_\_\_\_

**TRAINING COURSES (List any relevant training, volunteer activities, professional organization, licenses, or any other information you consider relevant to the position/office you wish to be considered.)**

Course/Seminar	Sponsoring Organization	Date(s) Attended
_____	_____	_____
_____	_____	_____

Present Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

**BOWLING ASSOCIATION HISTORY — List present or most recent association positions.**

ASSOCIATION NAME	POSITION TITLE		
_____	_____	_____	_____
CITY / STATE	START DATE	END DATE	

Describe Duties / Responsibilities (include any potentially helpful skill sets) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASONS FOR PLACING MY NAME IN NOMINATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please Read Carefully Before Signing This Form*

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in removal from office. If elected as an Officer or Director of the Nation's Capital Area USBC Association board, I will make every effort to attend all board meetings, hearings, workshops, open meetings, and other special functions of the Nation's Capital Area USBC Association.

I hereby consent to have my name placed in nomination and agree to serve if elected.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE