



Board Member Application

Please complete the form below. The Nevada State USBC does not discriminate based on age, race, gender, creed, ethnic origin, religion, nationality, or physical disability.

If you are filling out this form for re-election to the board, check here ____.

Basic Information (If filling out by hand, please print)

Name: _____ Email address: _____

Address: _____

Daytime Ph: _____ Evening Ph: _____ Cell Ph: _____

Current Occupation: _____ Employer _____

Applicants must be at least 14 years of age to serve on the Board and 18 to serve as an officer of the board.

If you are between 14 and 17, please check here ____

If you are 18 years of age or older, please check here ____

Position Preference (You may select more than one)

President ____ 1st Vice President ____ 2nd Vice President ____ Adult Director ____ Youth Director ____

Note: You may only apply for the president or vice president position if you have been on the board for at least 2 years.

Could the nominating Committee place your name on the ballot for another position? Yes ____ No ____

Why do you wish to serve on the Board for the Nevada State USBC?

(attach an additional page, if necessary)

Background and Reference

Please describe your past or current experience or participation with the sport of bowling:
(league bowler, league officer, local association board member, work experience in the bowling center,
youth coach, tournament bowler, etc.)

Inclusive dates

Position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(attach an additional page, if necessary)

Business background:

Please list 3 references:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have?

1. A working knowledge of USBC rules and regulations? Yes ____ No ____
2. Current membership in the Nevada State USBC? Yes ____ No ____
3. Time to attend Board Meetings when requested? Yes ____ No ____
4. Time to attend the Annual Meetings? Yes ____ No ____
5. Ability to perform all duties and responsibilities of the office in unbiased manner? Yes ____ No ____
6. The ability to get along and work well with others? Yes ____ No ____
7. Ability to present oral or written reports to the Board, if required? Yes ____ No ____

All information in this application is true to the best of my knowledge and belief.
I understand that misrepresentation or omission of any kind my result in denial or removal from office.

Signature of Applicant_____ Date_____

Thank you for your interest in our association.

To be considered for the current year, please mail this application prior to May 15th to the address listed below:

Tony Martin
9576 Autumn Leaf Way
Reno, NV 89506

or email to: armartin47@charter.net

[Continuation Form](#)