

Nevada State **USBC** Association Delegate Application

Name _____ Date _____ Tel _____

E-mail address _____

Signature _____

Electronic signatures are acceptable

Yes No

Are you a member of the Nevada State USBC Association?

<input type="checkbox"/>	<input type="checkbox"/>
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Have you been elected as a delegate representing any other local association ?

<input type="checkbox"/>	<input type="checkbox"/>
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Name of Local Association you belong to: _____

Please list your activities in bowling			
National Level			
Office held	Years	Committees	
State Level			
Office held	Years	Committees	
Local Level			
Office held	Years	Committees	
League Level			
Office held	Years	Office held	Years

Please fill out this form and mail it to 1215 Gilly Ln., Sparks, NV 89434 to be received not later than May 15th of current year. The form may also be emailed to nsusbc@gmail.com.