FLORIDA STATE UNITED STATES BOWLING CONGRESS





CANDIDATE APPLICATION

Please type or print clearly in black ink All questions must be answered as completely as possible

Name: Address: City, State & Zip: Day Phone: Evening Phone: Cell Phone:				
E-mail Address:				
Association:				
USBC Nat'l. ID#:				
	POSITION SEE			
President	Vice President Director Circle One	Sgtat-Arms	National Delegat	e or Alternate
	nsider being recommended, by the or a position other than the one you		Yes	No
State Association:	ASSOCIATION I Please list all positions held, committees served Position/Committe	on and number of years served	#	of Yrs.
LOCAL:	Position/Committe			of Yrs.

	Position/Committee	# of Yrs.	
LEAGUES:			
	Position/Committee	# of Yrs.	
NATIONAL:	1 OSHOD COMMITTEE	π O1 115.	
OTHER ORGANIZATIONS			
& AFFILIATIONS:			
HONORS:			
Employment:			
Position Held:			
Job Responsibilities:			
Length of Employment:			
Organizations & Titles:			
List all associations (state/loc)	that the above pertain to	May we contact	
List an associations (state, 100)	hat the above pertain to	this association?	
Association Name:		(Y) No	
Address/City/St/Zip:			
, ,		Y) No	
Association Name:			
Address/City/St/Zip:			
A NT	Г	(y) No	
Association Name:			

ELIGIBILITY

- To be eligible for nomination to the board of directors, applicants MUST be a member in good standing of USBC and a local USBC association within the State of Florida at the time of submission of this application and throughout their term in office.
 Successful applicants must either have, or upon election, obtain and maintain approved USBC Registered Volunteer and
- 2. Successful applicants must either have, or upon election, obtain and maintain approved USBC Registered Volunteer and Safesport Training Certified status.

Safesport Training Certified status.			
DO YOU HAVE: 1. A working knowledge of USBC rules a 2. A working knowledge of Roberts Rules 3. Been continuously active in your local as a. League participation? b. Association meeting attendan c. Annual association tournam 4. The time to travel for planned assignments 5. Will you, unless providentially hindered of the state association when called	of Parliamentary Proced ssociation? ace? ent participation? ents and/or meetings? , attend all board and op- and perform all duties as	pen meetings sssigned to you?	
Represent the interests of all people serv use my service on this board for my own Keep confidential information confidential Approach all board issues with an open nothing to violate the trust of those who Focus my efforts on the mission of the a Never exercise authority as a board men	n personal advantage or for ial. mind, prepared to make the elected or appointed me to ssociation and not on my	and not favor special interests inside or outside of this association. Not for the advantage of my friends or supporters. the best decisions for everyone involved. Do to the board or of those we serve. y personal goals. in a meeting with the full board or as I am delegated by the board.	
I, (print name)		hereby give my consent to have my name	
association. All information contained in this appli understand that misrepresentations or from office (whichever is applicable). I necessary to serve as a member of the Signature (Must be signed, NOT	omissions of any k I have read, unders Florida State USBO	kind may result in denial or removal stand and agree to the requirements	
(Must be signed, NO1	typed)		-
not on the application.		t to serve on the State Board? Tell us something about yourself IE NOMINATING COMMITTEE MEMBERS LISTED BELOW.	
TO:	Glenda Beckett Danny Higham Portia Adkins Larry Butler	gbeckett@bellsouth.net djhbowl300@gmail.com tangirl1@outlook.com cecilia1970 66@frontier.com	
IF EMAIL IS NOT AVAILABLE, PLEASE MAI	IL THE APPLICATION	N TO THE ADDRESS LISTED BELOW:	
TO:	Glenda Beckett 16661 SW 84 th CT Palmetto Bay, FL 3		

DEADLINE. . POSTMARKED NO LATER THAN **JULY 31st**