FLORIDA STATE UNITED STATES BOWLING CONGRESS



CANDIDATE	APPLICATION
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USBC

Please type or print cl	learly in black ink
All questions must be answered	as completely as poss-

	All questions must be answered as completely as possible	
NT		
Name:		
Address:		
City, State & Zip:		
Day Phone:		
Evening Phone:		
Cell Phone:		
E-mail Address:		
Association:		
USBC Nat'l. ID #:		
	POSITION SEEKING	
President	Vice President Director Sgtat-Arms Nation Circle One	onal Delegate or Alternate
	onsider being recommended, by the Nominating for a position other than the one you selected?	Yes No
Commutee,		
	ASSOCIATION HISTORY Please list all positions held, committees served on and number of years served on each	
	Position/Committee	# of Yrs.
State Association:		
LOCAL:	Position/Committee	# of Yrs.

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	Position/Committee	# of Yrs.	
LEAGUES:			
	Position/Committee	# of Yrs.	
NATIONAL:			
OTHER ORGANIZATIONS			
& AFFILIATIONS:			
HONORS:			
1101101101			
Employment:			
Position Held:			
Job Responsibilities:			
Length of Employment:			
Organizations & Titles:			
T 1 1 1 1 1 1 1 1 1 1		M	
List all associations (state/loc)	hat the above pertain to	May we contact this association?	
	r	<u> </u>	
Association Name:			
Address/City/St/Zip:		-	
	ſ	<u>Y</u> <u>No</u>	
Association Name:			
Address/City/St/Zip:			
	1	<u> </u>	
Association Name:			
Address/City/St/Zip:			

ELIGIBILITY

- 1. 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 <u>at the time of submission of this application</u> and throughout their term in office. 2. Successful applicants must either have, or upon election, obtain and maintain approved USBC Registered Volunteer and

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Safesport I fai	ining Certified stati	18.	
 A working know Been continuou Been continuou Lea Asso Ann The time to tra Will you, unless 	wledge of Roberts R isly active in your lo ague participation? iciation meeting atternual association tour wel for planned assign providentially hind		
LEADERSHIP CODE O	F ETHICS A	As a member of this board, I will:	
Represent the i use my service Keep confident Approach all b nothing to viola Focus my effor	nterests of all people on this board for my tial information confi oard issues with an o ate the trust of those rts on the mission of	e served by this organization, and not favor speci y own personal advantage or for the advantage o idential. open mind, prepared to make the best decisions for who elected or appointed me to the board or of the association and not on my personal goals.	or everyone involved. Do
	Signati	ure	Date
I, (print name)		hereby give	e my consent to have my name
understand that mis from office (whiche	representations ver is applicable s a member of t Signati		lt in denial or removal ree to the requirements
	(Must be signed,	NOT typed)	
Be prepared to answ not on the application		lestion: Why do you want to serve on the	State Board? Tell us something about yourself
PLEASE COMPLETE T	HE APPLICATION	N AND EMAIL TO THE NOMINATING CO.	MMITTEE EMAIL LISTED BELOW.
	TO:	nominating@floridastateusb	c.com
IF EMAIL IS NOT AVA	ILABLE, PLEASE	MAIL THE APPLICATION TO THE ADDR	RESS LISTED BELOW:
	TO:	Michael Greene 605 Pinehurst Circle N.E. Palm Bay, FL 32905	
DEADLINE .	. POSTM	ARKED NO LATER THAN **	JULY 31st**