



Nomination Form

Candidate must complete form and mail original to the Chairman of the CUSBC Nominating Committee **NO LATER THAN APRIL 10**. Answer all questions as completely as possible. Please keep a copy for your information. Please mail to: CUSBC, Nominating Committee, 45 Mitchell Blvd., #7, San Rafael, CA 94903.

NAME OF CANDIDATE _____ **DATE** _____
ADDRESS _____ **PHONE** _____
CITY _____ **ZIP** _____
MEMBER OF _____ **ASSOCIATION; NUMBER OF YEARS** _____
NUMBER OF YEARS AS USBC MEMBER _____ **SHIRT SIZE** _____

Are you a member of a USBC certified league in California at the present time? YES NO
 Are you under the age of 18? YES NO

QUALIFICATIONS: Please complete the following, beginning with the most recent office and working back. If additional space is needed, a separate sheet may be attached.

OFFICE HELD	TITLE	NO. OF YEARS (From – To)	COMMITTEES (Member of Chair)
STATE ASS'N			
LOCAL ASS'N			
USBC			
ABC/WIBC			
OTHER ORGANIZATIONS			
HONORS/AWARDS			

New Candidates: (Show additional committees chaired *in the past* or additional information on separate piece of paper)

EMPLOYMENT: _____
 (For committee information only)

(OVER)

DO YOU HAVE:

1. **Time to visit local associations for special functions?** YES NO
All directors may, at times, be requested to attend local association meetings, which may require some travel.
2. **Time to attend committee meetings?** YES NO
There will be at least two and possibly three committee meeting each year and some may require travel.
3. **Time to attend Board of Directors meetings when scheduled and 3 days to attend Board of Directors and Annual Meetings in June?** YES NO
Most Board of Director's meeting will be held using teleconferencing, but at least one per year will require some travel to attend.
4. **Time to work weekends as a tournament official at the State Tournament?** YES NO
All directors are required to work at least two weekends on the championship tournaments, which will require travel.
5. **If employed, will your work interfere with carrying out the duties listed above?** YES NO
6. **Keeping CUSBC's goals in mind, what do you see as CUSBC's major priority and how would you address it?**

7. **In your own words, what is your vision for CUSBC?**

8. **What experience, talents, skills and/or abilities do you bring that will benefit CUSBC and the position(s) for which you are applying?**

CUSBC Delegate _____ No. of years

USBC Delegate _____ No. of years

REFERENCES – List three persons who have knowledge of your bowling background and/or education.

<u>Name</u>	<u>Mailing Address</u>	<u>Day Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

There will be no campaigning for votes when a candidate seeks election to the CUSBC Board of Directors. Additionally, any violation of the CUSBC policy regarding campaigning for election may subject the nominee to disqualification as a candidate.

I hereby consent to have my name placed in nomination for the office indicated below.

Signature of Candidate

(Please indicate Officer position or "Director")

Please mail by APRIL 10 to:
CUSBC Nominating Committee
45 Mitchell Blvd., #7
San Rafael, CA 94903