

## 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, 55 Mitchell Blvd., #2, San Rafael, CA 94903.

NAME OF CANDIDAT	ГЕ <u> </u>	DATE _				
ADDRESS		PHONE				
CITY	ZIPEN	MAIL				
MEMBER OF	ASSO	OCIATION; NUMBE	R 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? $\Box$ YES $\Box$ NO Are you under the age of 18? $\Box$ YES $\Box$ NO						
<b>QUALIFICATIONS:</b> 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						
WONODG/AWA DDG						
HONORS/AWARDS						
New Candidates: (Show additional committees chaired <i>in the past</i> or additional information on separate piece of paper)						
EMPLOYMENT:						
(For committee information only)						
(OVER)						

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## **DO YOU HAVE:**

1.	Time to visit local associations for special functions?  All directors may, at times, be requested to attend local association meetings, which may require some travel.	YES	□NO
2.	Time to attend committee meetings?  There will be at least two and possibly three committee meeting each year and some may		☐ NO wel.
3.	Time to attend Board of Directors meetings when scheduled and 3 days to attend Bo and Annual Meetings in June?  Most Board of Director's meeting will be held using teleconferencing, but at least one per year will require some travel to attend.		ectors NO
4.	Time to work weekends as a tournament official at the State Tournament?		□NO
5.	If employed, will your work interfere with carrying out the duties listed above?	YES	□NO
6.	Basic knowledge of computer software (Microsoft Word, Excel and email)?	YES	□NO
7.	Keeping CUSBC's goals in mind, what do you see as CUSBC's major priority and haddress it?	ow would	you
8.	. In your own words, what is your vision for CUSBC?		
9.	What experience, talents, skills and/or abilities do you bring that will benefit CUSBO position(s) for which you are applying?	C and the	

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CUSBC Delegate	No. of years	
USBC Delegate	No. of years	
REFERENCES – List th	ree persons who have knowledge of you	r bowling background and/or education
<u>Name</u>	Mailing Address	<b>Day Phone Number</b>
1		
2		
3		
There will be no campaign	ning for votes when a candidate seeks elect of the CUSBC policy regarding campaig	tion to the CUSBC Board of Directors.  Spring for election may subject the nominee
I hereby consent to have m	ny name placed in nomination for the office	ce indicated below.
Signate	ure of Candidate	(Please indicate Officer position or "Director")

Please mail by APRIL 10 to: CUSBC Nominating Committee 55 Mitchell Blvd., #2

San Rafael, CA 94903

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