



# RI USBC BOARD OF DIRECTORS APPLICATION

Name(Last)

Name (First, Middle)

Street Address

County

City, State, Zip Code

Daytime Phone

Evening Phone

Email Address

## OTHER INFORMATION:

YES

NO

1. Are you under 18 years of age?

2. Are you an incumbent?

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES

NO

1. Do you have a working knowledge of USBC Rules & Regulations?

2. Do you have a working knowledge of Robert's Rules of Parliamentary Procedure?

3. Have you been continuously active in your local and state association(s)?

4. Do you have time to visit local associations and assist at state functions when required?

5. Do you have time to spend four days at the Fall and Annual Meetings and the Showcase?

6. Can you accept overnight assignments without interfering with your job?

## EMPLOYMENT RECORD OR BUSINESS OWNERSHIP (List in reverse chronological order for the last three years)

Firm

Position

Dates

Responsibilities

Firm

Position

Dates

Responsibilities

Firm

Position

Dates

Responsibilities

**OTHER AFFILIATIONS RELATED TO BOWLING:** (Give full name and your title)

Name \_\_\_\_\_

Title

Name
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Title

Name \_\_\_\_\_

Title

Name \_\_\_\_\_

Title

**PLEASE DESCRIBE WHY YOU WOULD LIKE TO BE CONSIDERED FOR A POSITION ON THE BOARD:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM:**

I HEREBY CONSENT TO HAVE MY NAME PLACED IN NOMINATION AS A MEMBER OF THE RHODE ISLAND USBC  
BOARD OF DIRECTORS AS:


PRESIDENT (Must have served at least one term as Director)

VICE-PRESIDENT (Must have served at least one term as Director)

AT LARGE DIRECTOR

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial or removal from office (whichever is applicable).

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Association Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send completed application to:

RI USBC  
PO BOX 7269  
Warwick, RI 02887