

# NATION'S CAPITAL AREA USBC ASSOCIATION OFFICER / DIRECTOR / DELEGATE CANDIDATE FORM

NCAUSBCA Nominating Committee  
9315 Largo Drive West, Suite 110  
Largo, MD 20774-4762  
Fax: 301/499-5927 • eMail: [manager@ncausbca.org](mailto:manager@ncausbca.org)

*Please read form carefully and complete in its entirety.*

## APPLICANT INFORMATION – Please type or print clearly

Name (Last)	Name (First, Middle)
Street Address	Day Telephone (      )
City, State, Zip Code	Evening Telephone (      )
<b><u>Are you under 18 years of age?</u></b> Yes ____      No ____	
Have you ever been convicted of a crime or pleaded “no contest” for any offense or violation other than minor traffic violations?      Yes ____      No ____	
If yes, explain (1) nature of crime, (2) date of conviction, and (3) state in which convicted. (Convictions are not an automatic bar from consideration.)	
_____	
_____	
I hereby submit my name for the following: Virginia State Delegate ____ USBC Delegate ____	
NCAUSBCA Officer (please specify position) _____ NCAUSBCA Director ____	

## EXPERIENCE

<u>Board of Directors</u>	<u>League Officer</u>	<u># Workshops Attended</u>
Local: ____ years	President: ____ years	Local: ____
National: ____ years	Secretary: ____ years	National: ____
Leagues and Centers in which you bowl: _____		
_____		
_____		
Other Experience (e.g., Tournament Director, Junior Coach, Bowling Clubs, Assisted with City and State Tournaments, etc.) _____		
_____		
_____		

**TRAINING COURSES (List any relevant training, volunteer activities, professional organization, licenses or any other information you consider relevant to the position/office you wish to be considered.)**

Course/Seminar

Sponsoring Organization

Date(s) Attended

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**Present Employment:**

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**Duties:**

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**ASSOCIATION HISTORY – List present or most recent association positions.**

Association Name

Position Title

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City/State

Start Date

End Date

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**Describe Duties/Responsibilities:**

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**REASONS FOR PLACING MY NAME IN NOMINATION:**

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*Please Read Carefully Before Signing This Form*

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in removal from office. If elected as an Officer or Director of the Nation's Capital Area USBC Association board, I will make every effort to attend all board meetings, hearings, workshops, open meetings, and other special functions of the Nation's Capital Area USBC Association.

I hereby consent to have my name placed in nomination and agree to serve if elected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date