

Greater Grand Rapids USBC Association
Candidate & Delegates Form
Return completed forms to: Nominating Committee – 2405 A Porter SW – Wyoming MI 49519
MUST BE POSTMARKED BY APRIL 21, 2017

Note: If you have additional information you would like the committee to consider, please include it with this application.

Name _____ Birthdate ____/____/____

Address: _____

City and State _____ Zip _____

Telephone: Home (____) _____ Business (____) _____ ext: _____

National ID No. _____ Years as an ABC/WIBC/USBC Member _____

Name of certified league(s) of which you are a regular member this season:

_____ Games to date _____
 _____ Games to date _____
 _____ Games to date _____

Have you previously held a league office? ____ If so what office? _____

Total number of years? _____

Are you presently bowling in any non-certified leagues? _____

1. Do you have a working knowledge of USBC rules and regulations? _____
2. Do you have a working knowledge of Robert's Rules of Parliamentary Procedures? _____
3. If elected, do you have time to serve on committees and attend 6-7 board meetings each year? _____
4. Are you currently serving on a local association board? _____
 If yes, name of association: _____
5. Have you attended Local Association Annual Meetings? _____ What years? _____
6. All candidates for an Officer position are required to have served as a Director for at least 3 years, within the last 6 years, on the local Grand Rapids Board. What years did you serve? _____

EMPLOYMENT OR BUSINESS OWNERSHIP:

All candidates: Are you currently employed? _____

List past/present employment

Name of Firm	Position	Job Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Offices and/or affiliations in organizations other than bowling:

PAST & PRESENT:

List Offices held:

National Officer _____ Yrs _____ National Director _____ Yrs _____
 (Title)
 State Officer _____ Yrs _____ State Director _____ Yrs _____
 (Title)
 Local Officer _____ Yrs _____ Local Director _____ Yrs _____
 (Title)
 Youth Program Director/Coach _____ Yrs _____

Committees	(Title)			Committees	(Title)		
	Chm	Mbr	# of Yrs		Chm	Mbr	# of Yrs
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Other current affiliations related to bowling: Give full organization name and your title:

*Attach additional page(s) if necessary

HONORS: related to bowling service/ability

National _____
 State _____
 Local _____

Please indicate if you have previously ran for election to a Local Bowling Association Board:

Yes ___ No ___. If yes, name of association and years: _____

Please complete ALL appropriate areas

I hereby consent to have my name placed in nomination for:

1. Vice President _____
2. Director _____
3. 2018 Michigan State USBC Youth Delegate: Yes _____ No _____
4. 2018 National Delegate: Yes _____ No _____
5. 2018 Michigan State USBC WBA Delegate: (women only) Yes _____ No _____
6. 2018 Michigan State USBC BA Delegate: Yes _____ No _____
7. 2018 Michigan State Merger Delegate: Yes _____ No _____

Signature of Nominee _____ Date _____
 (Must be signed, not typed)