

**GEORGIA STATE USBC WBA
BOARD OF DIRECTORS
CANDIDATE FORM**

DATE: _____

NEW CANDIDATE _____
INCUMBENT _____

**THIS PORTION OF FORM TO BE COMPLETED BY THE CANDIDATE.
ALL QUESTIONS MUST BE ANSWERED AS COMPLETELY AS POSSIBLE.**

(Ms.)
(Mrs.)

NAME _____ BI RTHDATE _____ USBC ID # _____
()

ADDRESS _____ HOME TELEPHONE _____
()

CITY _____ STATE _____ ZIP _____ BUSINESS TELEPHONE _____

Local Association Name _____

Years Member - National _____ State _____ Local _____

Are you presently bowling in any uncertified league? _____

Name of certified leagues of which you are a member this season

1 _____ 3 _____

2 _____ 4 _____

EDUCATION (Indicate years completed by circling number)											
High School				College				Other Training			
1	2	3	4	1	2	3	4	1	2	3	4
If other training, please list: _____											

Have you.....

	YES	NO
1 A working knowledge of USBC rules and regulations ?		
2 A working knowledge of Robert's Rules of Parliamentary Procedures?		
3 Been continuously active in your local association?		
4 The time to attend all meetings called by the President?		
5 The time to work on various committees to which you may be appointed?		
6 Time to accept other assignments?		
7 Have you ever been convicted of a felony?		

EMPLOYMENT OR BUSINESS OWNERSHIP

(List present job first) Work back at least five years)

NAME OF FIRM	POSITION	JOB RESPONSIBILITIES	DATES	
			FROM	TO

OFFICES AND/OR AFFILIATIONS

(ORGANIZATIONS OTHER THAN BOWLING - LAST FIVE YEARS)

1 _____ 3 _____

2 _____ 4 _____

GEORGIA STATE USBC / GEORGIA WBA MEETINGS YOU HAVE ATTENDED

(PLEASE CHECK)

YEAR	LOCATION	LOCAL ASSOCIATION	GA STATE WBA			
			ASSN NAME	DELEGATE	OFFICER	DIRECTOR
YEAR 2011	LOCATION	BRUNSWICK, GA				
YEAR 2010	LOCATION	MARIETTA, GA				
YEAR 2009	LOCATION	SAVANNAH, GA				
YEAR 2008	LOCATION	ROME, GA				

ARE YOU A DELEGATE TO THE GEORGIA STATE USBC WBA ANNUAL MEETING IN **Columbus, GA** ON MARCH 10, 2012? `YES / NO

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION IF NEEDED

**GEORGIA STATE USBC WBA BOARD OF DIRECTORS
CANDIDATE FORM**

LIST ALL CURRENT OFFICES HELD

GEORGIA STATE OFFICER (TITLE) # YEARS

GEORGIA STATE DIRECTOR (TITLE) # YEARS

LOCAL ASSOCIATION OFFICER (TITLE) # YEARS

LOCAL ASSOCIATION DIRECTOR (TITLE) # YEARS

LEAGUE OFFICER # YEARS

LEAGUE OFFICER # YEARS

1 _____

3 _____

2 _____

4 _____

STATE WBA COMMITTEES

LOCAL ASSOCIATION COMMITTEES

COMMITTEE NAMES # YEARS CHRMN MEMBER

COMMITTEE NAMES # YEARS CHRMN MEMBER

1 _____

2 _____

3 _____

Other CURRENT affiliations related to bowling: (Give full name, your title, number of years)

Name _____	Title _____	# Years _____
Name _____	Title _____	# Years _____
Name _____	Title _____	# Years _____

PAST SEASONS: (List name of association if different from that listed above.)

GEORGIA STATE OFFICER (TITLE) # YEARS

GEORGIA STATE DIRECTOR (TITLE) # YEARS

LOCAL ASSOCIATION OFFICER (TITLE) # YEARS

LOCAL ASSOCIATION DIRECTOR (TITLE) # YEARS

LEAGUE OFFICER # YEARS

LEAGUE OFFICER # YEARS

1 _____

3 _____

2 _____

4 _____

STATE WBA COMMITTEES

LOCAL ASSOCIATION COMMITTEES

COMMITTEE NAMES # YEARS CHRMN MEMBER

COMMITTEE NAMES # YEARS CHRMN MEMBER

1 _____

2 _____

3 _____

Other PAST affiliations related to bowling: (Give full name, your title, number of years)

Name _____	Title _____	# Years _____
Name _____	Title _____	# Years _____
Name _____	Title _____	# Years _____

HONORS RELATED TO BOWLING SERVICE

NATIONAL

GEORGIA STATE WBA

LOCAL

I hereby consent to have my name placed IN NOMINATION _____ / FOR RE-ELECTION _____ to the office of _____ . I hereby consent to have my name submitted for ANOTHER OFFICE should this be the decision of the Nominating Committee. YES _____ NO _____.

Signature of CANDIDATE / INCUMBENT _____ DATE _____

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION IF NEEDED

**GEORGIA STATE USBC WBA BOARD OF DIRECTORS
CANDIDATE FORM**

THIS PORTION OF FORM TO BE COMPLETED BY THE PERSON SUBMITTING
AND ENDORSING THE CANDIDATE FOR THE OFFICE

OF

(OFFICER OR DIRECTOR NUMBER)

HAS THE NOMINEE - - - - -

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. The ability to perform functions of leadership required of her position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The ability to perform all functions of her office on an unbiased overall basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The ability to display a pleasing personality to with whom she comes in contact? | <input type="checkbox"/> | <input type="checkbox"/> |

SUBMITTED BY:

(NAME OF ASSOCIATION)

SIGNATURE

TITLE

ADDRESS

CITY

STATE

ZIP

OR

SUBMITTED BY AN INDIVIDUAL

SIGNATURE

TITLE

ADDRESS

CITY

STATE

ZIP

PLEASE COMPLETE ALL PAGES AND MAIL TO THE CHAIRPERSON OF THE NOMINATING COMMITTEE

MAIL NO LATER THAN _____ JANUARY 4, 2011 _____

Judy Britt, Chairperson

Georgia State USBC WBA Nominating Committee

105 Arthur Street

ADDRESS

Warner Robins

GA

31088

CITY

STATE

ZIP