

PLEASE TYPE OR PRINT

BROWARD COUNTY USBC ASSOCIATION
Resume for Office on Broward County USBC Board

All questions must be answered as completely as possible.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

TELEPHONE: _____

E-Mail: _____

Available third Saturday every other month Yes___ No___

Available to work County Tournaments – Weekends Yes___ No___

If employed, name of employer, address and position held and length of employment. If retired, give previous position: _____

Member of: _____ Association Number of Years: _____

USBC National ID Number: _____ Are you currently bowling? If so what Bowling Center or Centers: _____

Which Bowling Center would you prefer to represent? (Note: Only if a representative is needed at the Center you choose). _____

Have you:

1. Working knowledge of USBC League Rules and Regulations? _____
2. Working knowledge of Roberts Rules of Parliamentary Procedure? _____
3. Will you, unless providentially hindered, attend all Board Meetings? _____
4. Will you, when called upon, perform all duties assigned to you? _____

I hereby present my name to be entered for Nomination for the office of _____

If not elected to this position, I would also consider the position of _____

SIGNATURE: _____

DATE: _____

Please attach any additional information separate, and attach to form.

SEND TO: Broward County USBC Association
7800 West Oakland Park Blvd. D210
Sunrise, Florida 33351-6741

*Mark Envelope "Nominating Application"

DEADLINE MONDAY APRIL 2, 2012