

**TEXAS STATE USBC ASSOCIATION
CANDIDATE FORM –BOARD OF DIRECTORS**

New Candidate _____ Incumbent _____

Position _____

Name _____ Mailing Address: _____

City: _____ Zip Code _____ Home (_____) Work (_____)

email: _____

Member of Local Bowling Association: _____ Are you a member of the local board? _____ Position _____

LIST ALL OFFICES/COMMITTEES: INDICATE PAST OR PRESENT, THE NUMBER OF YEARS SERVED

STATE: _____

LOCAL: _____

OTHER AFFILIATIONS RELATED TO BOWLING: List all offices held, if any, together with number of years and indicate whether currently serving or past.

LIST PERSONAL CONTRIBUTIONS TO THE GAME OF AND PROMOTION OF BOWLING:

HONORS:

EMPLOYMENT: _____

The Nominating Committee needs your cooperation in securing the best possible nominees for Texas State USBC Association Officers and Directors. Much consideration should be given to a prospective officer's ability and willingness to serve, before her name is placed in nomination. Please complete the following important information:

Nominee has and/or is:

1. A member in good standing of the association at the time of election and through out their term.
2. The minimum age of 14, unless state laws mandate a specific age.
3. Served as a delegate at least two years within a consecutive five year period? _____
4. A working knowledge of USBC rules and regulations? _____
5. A working knowledge of Robert's Rules of Parliamentary Procedure? _____
6. Been continuously active in the Local Association? _____ How long? _____
7. The ability to perform all functions of the office on an unbiased overall basis? _____
8. The ability to perform all functions of leadership required of the position? _____
9. The ability to take time off from work or business to perform duties of the position? _____
10. The ability to present a professional imagine and attitude in the position? _____
11. Been contacted by you? _____ Did they agree to serve, if elected? _____

Please complete and mail Texas State USBC: Kay Smith, 4569 Dilly Shaw Tap Rd, Bryan, TX 77808

DEADLINE: February 1, 2021

Submitted by: _____

Name

Address

City

Zip

Telephone (Home)

(Work)

Candidate Signature

Local Association