

## QUALIFICATIONS OF CANDIDATES

Please fill in all information requested and return to the Nominating Committee Chairperson on or before \_\_\_\_\_.

### CANDIDATE

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ USBC # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Candidate for office of:

President ( ) 1<sup>st</sup> Vice Pres. ( ) 2<sup>nd</sup> Vice Pres. ( ) Sgt. At Arms ( ) Director ( )  
NJSUSBC WBA Delegate ( ) NJSUSBC BA Delegate ( ) National Delegate ( )

Active bowler this current season? Yes ( ) No ( )

Bowling in a non-certified league? Yes ( ) No ( )

If more room is needed for information below, use other side.

Member of: (List all leagues)

---

---

---

Offices Held: (List County, State, League)

Present: (Now Serving)

---

---

---

Past:

---

---

---

List Committees Served on and indicate if Chairman:(County, State or League)

---

---

---

List additional information, such as attendance at National conventions and workshops, State meetings and workshops, and County meetings and workshops.

---

---

Professional or Business background and experience. (If any)

---

---

---

---

Date \_\_\_\_\_ Signature \_\_\_\_\_