

BROWARD COUNTY USBC ASSOCIATION

Resume for Office on the Broward County USBC Board providing tournaments, bowling center support, assistance to certified leagues and more.

All questions must be answered as completely as possible,
PLEASE TYPE OR PRINT

NAME: _____

ADDRESS: _____

Street

City

Zip

TELEPHONE: _____

Home

Cell

E-Mail: _____

You must have an e-mail account to be on the BCUSBC Board

USBC National ID Number: _____

Member of: _____ Association Number of Years: _____

Are you available to attend meetings every other month? _____

Are you available to work BCUSBC Tournaments? _____

Do you have a working knowledge of USBC League Rules and Regulations? _____

Do you have a working knowledge of Roberts Rules of Parliamentary Procedure? _____

Will you, when called upon, perform all duties assigned to you? _____

If needed, which Bowling Center would you prefer to represent? _____

If you are between 14 and 17, please check here _____

If you are between 18 years of age or older, please check here _____

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

If not elected to this position, I would also consider the position of Associate Director –

SIGNATURE: _____

DATE: _____

SEND TO: Broward County USBC Association
Or hand to a board member

Email: Bcbowlingassn@aol.com

OR Browardcountyusbc@gmail.com