NOMINATION FORM FOR GREATER DES MOINES USBC BOARD OF DIRECTORS

NAME	EMAIL			
ADDRESS	CITY	STAT	ſE ZIP	
HOME PHONE	CELL P	CELL PHONE		
USBC Membership #	(required)			
Office to be nominated for (please ch	eck one): All people on the bo	pard must be CERTIFIED	BOWLERS!	
President, Even Yea	President, Even Years (must have served as a Vice-President or be current President)			
	1 st Vice-President, Even Years (Must have served as a director for four years)			
2 nd Vice-President, Odd Years (Must have served as a director for four years)				
3 rd Vice-President, Even Years (Must have served as a director for four years)				
4th Vice President, 0	Odd Years (Must have served	as a director for four years	3)	
Director (9 Even Ye	ars, 9 Odd Years)			
Are you a current Board Member?	Yes	No	# of years	
Have you ever served on the Board?	Yes	No	# of years	
Have you served on local USBC Com	mittees? (Please list years &	committees):		
Other information about yourself:				
Have you ever been convicted of a fel	ony? Yes	No		
Deadline	Date:			
Send to: Association Manager				
gdmbowlingmanager@gmail.com	Signature:			