

**GEORGIA STATE USBC WBA  
BOARD OF DIRECTORS  
CANDIDATE FORM**

DATE: \_\_\_\_\_

NEW CANDIDATE \_\_\_\_\_  
INCUMBENT \_\_\_\_\_

**THIS PORTION OF FORM TO BE COMPLETED BY THE CANDIDATE.  
ALL QUESTIONS MUST BE ANSWERED AS COMPLETELY AS POSSIBLE.**

(Ms.)  
(Mrs.) \_\_\_\_\_

NAME \_\_\_\_\_ BI RTHDATE \_\_\_\_\_ USBC ID # \_\_\_\_\_  
( ) ( )

ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
( ) ( )

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

Local Association Name \_\_\_\_\_

Years Member - National \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_

Are you presently bowling in any uncertified league? \_\_\_\_\_

Name of certified leagues of which you are a member this season

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

EDUCATION (Indicate years completed by circling number)											
High School				College				Other Training			
1	2	3	4	1	2	3	4	1	2	3	4
If other training, please list: _____											

**Have you.....**

	YES	NO
1 A working knowledge of USBC rules and regulations ?		
2 A working knowledge of Robert's Rules of Parliamentary Procedures?		
3 Been continuously active in your local association?		
4 The time to attend all meetings called by the President?		
5 The time to work on various committees to which you may be appointed?		
6 Time to accept other assignments?		
7 Have you ever been convicted of a felony?		

**EMPLOYMENT OR BUSINESS OWNERSHIP**  
(List present job first) Work back at least five years)

NAME OF FIRM	POSITION	JOB RESPONSIBILITIES	DATES	
			FROM	TO

**OFFICES AND/OR AFFILIATIONS**  
(ORGANIZATIONS OTHER THAN BOWLING - LAST FIVE YEARS)

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

**GEORGIA STATE USBC / GEORGIA WBA MEETINGS YOU HAVE ATTENDED**  
(PLEASE CHECK)

YEAR	LOCATION	LOCAL ASSOCIATION ASSN NAME	DELEGATE	GA STATE WBA	
				OFFICER	DIRECTOR
YEAR 2016	DULUTH, GA				
YEAR 2015	MARIETTA, GA				
YEAR 2014	P'TREE CTY, GA				
YEAR 2013	AUGUSTA, GA				

ARE YOU A DELEGATE TO THE GEORGIA STATE USBC WBA ANNUAL MEETING IN DULUTH, GA ON MARCH 12, 2017? Y YES / NO

**PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION IF NEEDED**

**GEORGIA STATE USBC WBA BOARD OF DIRECTORS  
CANDIDATE FORM**

LIST ALL CURRENT OFFICES HELD

GEORGIA STATE OFFICER (TITLE) # YEARS

GEORGIA STATE DIRECTOR (TITLE) # YEARS

LOCAL ASSOCIATION OFFICER (TITLE) # YEARS

LOCAL ASSOCIATION DIRECTOR (TITLE) # YEARS

LEAGUE OFFICER # YEARS

LEAGUE OFFICER # YEARS

1 \_\_\_\_\_  
2 \_\_\_\_\_

3 \_\_\_\_\_  
4 \_\_\_\_\_

STATE WBA COMMITTEES

LOCAL ASSOCIATION COMMITTEES

COMMITTEE NAMES # YEARS CHRMN MEMBER

COMMITTEE NAMES # YEARS CHRMN MEMBER

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

\_\_\_\_\_

Other CURRENT affiliations related to bowling: (Give full name, your title, number of years)

Name \_\_\_\_\_ Title \_\_\_\_\_ # Years \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ # Years \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ # Years \_\_\_\_\_

PAST SEASONS: (List name of association if different from that listed above.)

GEORGIA STATE OFFICER (TITLE) # YEARS

GEORGIA STATE DIRECTOR (TITLE) # YEARS

LOCAL ASSOCIATION OFFICER (TITLE) # YEARS

LOCAL ASSOCIATION DIRECTOR (TITLE) # YEARS

LEAGUE OFFICER # YEARS

LEAGUE OFFICER # YEARS

1 \_\_\_\_\_  
2 \_\_\_\_\_

3 \_\_\_\_\_  
4 \_\_\_\_\_

STATE WBA COMMITTEES

LOCAL ASSOCIATION COMMITTEES

COMMITTEE NAMES # YEARS CHRMN MEMBER

COMMITTEE NAMES # YEARS CHRMN MEMBER

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

\_\_\_\_\_

Other PAST affiliations related to bowling: (Give full name, your title, number of years)

Name \_\_\_\_\_ Title \_\_\_\_\_ # Years \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ # Years \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ # Years \_\_\_\_\_

**HONORS RELATED TO BOWLING SERVICE**

NATIONAL

GEORGIA STATE WBA

LOCAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby consent to have my name placed IN NOMINATION \_\_\_\_\_ / FOR RE-ELECTION \_\_\_\_\_ to the office of \_\_\_\_\_ . I hereby consent to have my name submitted for ANOTHER OFFICE should this be the decision of the Nominating Committee. YES \_\_\_\_\_ NO \_\_\_\_\_.

Signature of CANDIDATE / INCUMBENT \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION IF NEEDED**

**GEORGIA STATE USBC WBA BOARD OF DIRECTORS  
CANDIDATE FORM**

THIS PORTION OF FORM TO BE COMPLETED BY THE PERSON SUBMITTING  
AND ENDORSING THE CANDIDATE FOR THE OFFICE

OF

\_\_\_\_\_  
(OFFICER OR DIRECTOR NUMBER)

HAS THE NOMINEE - - - - -

YES      NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. The ability to perform functions of leadership required of her position?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The ability to perform all functions of her office on an unbiased overall basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The ability to display a pleasing personality to with whom she comes in contact? | <input type="checkbox"/> | <input type="checkbox"/> |

**SUBMITTED BY:**

\_\_\_\_\_  
(NAME OF ASSOCIATION)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**OR**

**SUBMITTED BY AN INDIVIDUAL**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**PLEASE COMPLETE ALL PAGES AND MAIL TO THE CHAIRPERSON OF THE NOMINATING COMMITTEE**

**MAIL NO LATER THAN \_\_\_\_\_ JANUARY 4, 2017 \_\_\_\_\_**

**Judy Britt, Chairperson**

**Georgia State USBC WBA Nominating Committee**

**105 Arthur Street**

ADDRESS

**Warner Robins**

**GA**

**31088**

CITY

STATE

ZIP