

# ILLINOIS STATE USBC OFFICERS AND BOARD OF DIRECTORS APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

LOCAL ASSOCIATION AFFILIATION: \_\_\_\_\_

DELEGATE TO A STATE CONVENTION: \_\_\_\_\_  
Yes                      No                      How Many

### BOARD POSITION INTERESTED IN:

President	_____ (3 Year Term)	Director #1	_____ (3 Year Term)
		Director #2	_____ (3 Year Term)
Youth Director #1	_____ (3 Year Term)	Director #3	_____ (3 Year Term)
		Director #4	_____ (3 Year Term)

Applicants must be at least 14 years of age to serve on the Board and 18 to serve as an Officer of the Board.

If you are between the age of 14 and 17, please check here. \_\_\_\_\_

If you are 18 years of age or older, please check here. \_\_\_\_\_

Are you currently or are you willing to be RVP certified? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have?	Yes	No
1. Working knowledge of USBC Rules & Regulations?	_____	_____
2. Working knowledge of Robert's Rules of Parliamentary Procedure?	_____	_____
3. Time to Attend Board Meetings when requested?	_____	_____
4. Ability to perform the duties and responsibilities of the office to which you seek and to perform them in an unbiased manner?	_____	_____
5. The ability to get along and work well with others?	_____	_____
6. The ability to present oral and written reports to the Board and membership if required?	_____	_____

**LOCAL ASSOCIATION HISTORY – Please list any present and past Local Association Affiliations.**

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**STATE ASSOCIATION HISTORY – Please list any present and past State Association Affiliations.**

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**OTHER BOWLING RELATED ACCOMPLISHMENTS.**

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**BRIEFLY DESCRIBE WHY YOU WANT TO SERVE ON THE BOARD?**

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**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM**

Elected Officers and Directors are expected to attend all Illinois State USBC Board meetings, Committee meetings, participate in workshops and assist with Tournaments when needed. If you are elected to the Illinois State USBC Board of Directors, will you be able to give the necessary time for these functions? Yes \_\_\_\_\_ No \_\_\_\_\_

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of position consideration. I authorize this Association to investigate my responses on this application.

If I am elected to an office with the Illinois State USBC Board of Directors, I will faithfully fulfill the duties of the office to which I am elected to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Form to:**  
**by**  
Lisa Bumgardner, Nominating Chairman  
68 Pine Drive  
Sherman, IL 62684  
lsbumgardner@aol.com

**Forms must be Postmarked or Emailed**  
**December 1, 2020.**