

**ILLINOIS STATE USBC**

**CHANGE OF ASSOCIATION OFFICER/DIRECTOR OR ADDRESS CHANGE**

**TO BE USED ONLY AFTER CURRENT SEASON'S OFFICERS REPORT HAS BEEN SUBMITTED TO ILLINOIS STATE USBC**

**NAME OF ASSOCIATION:** \_\_\_\_\_ **ASSOC.#** \_\_\_\_\_

**NEW OFFICER/DIRECTOR NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

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

**STREET**                      **CITY**                      **STATE**                      **ZIP**

**PHONE:**    **OFFICE**(\_\_\_\_) \_\_\_\_\_                      **HOME**:(\_\_\_\_) \_\_\_\_\_

**REPLACING** \_\_\_\_\_  
(NAME OF PERSON NO LONGER SERVING ON YOUR LOCAL ASSOCIATION BOARD)

**EFFECTIVE DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **ASSOCIATION MANAGER**

**RETURN TO:**                      **ILLINOIS STATE USBC WBA**  
   **% Earlene M.Nelson Association Manager**  
   **402 W. Hamilton Road**  
   **Bloomington, IL 61704**

**7/12/2018**