



Board Member Application

If you are filling out this form for re-election to the board, check here:

Basic Information (Please print)

Name:		E-mail Address:	
Address:			
Daytime Phone:	Evening Phone:	Cell Phone:	
Current Occupation:		Employer:	

A voluntary answer to the following item will assist the Southern Nevada USBC Association in its commitment to maintain a diverse board:

Gender Male Female

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 14 and 17, please check here

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

Position Preference

Please note that only active directors may apply for officer positions.

President Executive Vice President Vice President Director Youth Director

Why do you wish to serve on the Board for the Southern Nevada USBC Association?

Background and References

Please describe your past or current experience or participation with the sport of bowling: (league bowler, league officer, work experience in bowling center, youth coach, tournament bowler, etc.)

Inclusive Dates	Position

Please list 3 references:

Name	Phone	Relationship

Do you have?

1. A working knowledge of USBC rules and regulations. ___ Yes ___ No
2. Current membership in the Southern Nevada USBC Association. ___ Yes ___ No
3. Time to attend monthly Board of Director and the Annual Meeting. ___ Yes ___ No
4. Time to attend committee meetings. ___ Yes ___ No
5. Ability to perform all duties and responsibilities of the office in an unbiased manner. ___ Yes ___ No
6. A basic working knowledge of computers, e.g., Word, Excel. ___ Yes ___ No
7. Physical limitations that would prevent you from assisting with tournaments and lane certifications. ___ Yes ___ No
8. Ability to present oral and/or written reports to the Board if required. ___ Yes ___ No

All information in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of any kind may result in denial or removal from office.

Signature of Applicant _____ Date _____

Please mail or deliver to: SNUSBCA, 7231 West Charleston Blvd., Suite 130, Las Vegas, NV 89117