Southern Nevada USBC Association Delegate Application Form

Select one or both of the foll	owing delegate option	s: ivational	State	
Name		Date	Tel	
E-mail address				
Signature				Yes No
Are you a member of the Sou	uthern Nevada USBC	Association?		
Are you now a member of a	Southern Nevada USB	C Sanctioned le	ague?	
Have you been elected as a detc.)? If elected as a delegate, are your own expense.	ou prepared to travel tense?			
Please list your activities in b	oowling 			
	Nationa	al Level		
Office held	Years		Committee	es
	State	Level		
Office held	Years		Committee	es
	Local	Tarral		
Office held	Local Years	Level	Committee	AC.
Office field	Tears		Committee	<i>-</i> 5
	League	e Level		
Office held	Years		e held	Years