

**LANSING USBC ASSOCIATION BOARD OF DIRECTORS CANDIDATE FORM**

**INCUMBENT**   
**NEW CANDIDATE**

Name (Miss, Mrs., Ms., Mr.) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP CODE \_\_\_\_\_

TELEPHONE: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

LUSBC MEMBERSHIP NO. \_\_\_\_\_ YEARS AS A LUSBC MEMBER \_\_\_\_\_

Name of Certified League(s) of which you are a regular member this season:

\_\_\_\_\_ Games to Date \_\_\_\_\_ Games to Date \_\_\_\_\_

\_\_\_\_\_ Games to Date \_\_\_\_\_ Games to Date \_\_\_\_\_

\_\_\_\_\_ Games to Date \_\_\_\_\_ Games to Date \_\_\_\_\_

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

Have you ever held a league office? \_\_\_\_\_ Total number of years: \_\_\_\_\_

Member of what local association: \_\_\_\_\_

**TO BE COMPLETED BY NEW CANDIDATE ONLY:**

- HAVE YOU:
- 1. A working knowledge of USBC Rules and Regulations?  YES  NO
  - 2. A working knowledge of Robert's Rules of Parliamentary Procedures?  YES  NO
  - 3. Been continuously active in your local association?  YES  NO
  - 4. If elected, have time to spend one or two days on weekends for a minimum of three committee meetings and three board meetings each year, as well as 2 days at Annual Meeting time?  YES  NO

**EMPLOYMENT OR BUSINESS OWNERHIP:\*** (List present first, work back within 10 Years) **\*(Incumbents list only present employment)**

| Name of Firm | Position | Job Title | Date From/To |
|--------------|----------|-----------|--------------|
| _____        | _____    | _____     | _____        |
| _____        | _____    | _____     | _____        |
| _____        | _____    | _____     | _____        |
| _____        | _____    | _____     | _____        |

Offices and/or affiliations in organizations other than bowling-last five years:

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

LANSING USBC ASSOCIATION BOARD OF DIRECTOR CANDIDATE FORM

**PRESENT: LIST OFFICES YOU CURRENTLY HOLD:**

State Officer (Title): \_\_\_\_\_ Yrs. \_\_\_\_\_ State Director \_\_\_\_\_ Yrs. \_\_\_\_\_  
Local Officer(Title): \_\_\_\_\_ Yrs. \_\_\_\_\_ Local Director \_\_\_\_\_ Yrs. \_\_\_\_\_

Other current affiliations related to bowling: **(Give full organization name and your title)**

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

**\*Attach addition page if necessary.**

**PAST: LIST OFFICES YOU HAVE HELD IN THE PAST:**

State Officer (Title): \_\_\_\_\_ Yrs. \_\_\_\_\_ State Director \_\_\_\_\_ Yrs. \_\_\_\_\_  
State Committees: \_\_\_\_\_ Yrs. \_\_\_\_\_ State Committee: \_\_\_\_\_ Yrs. \_\_\_\_\_  
Local Officer(Title): \_\_\_\_\_ Yrs. \_\_\_\_\_ Local Director \_\_\_\_\_ Yrs. \_\_\_\_\_

Other current affiliations related to bowling: **(Give full organization name and your title)**

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

**\*Attach addition page if necessary.**

**HONORS** related to bowling service/ability

National \_\_\_\_\_  
State \_\_\_\_\_  
Local \_\_\_\_\_

List any current, chronic or known illness/disability which ha or might limit your ability to travel/function as a Lansing USBC Board Member \_\_\_\_\_

Please indicate if you have run for election the Lansing USBC Board before:  YES  NO  
If yes, list years: \_\_\_\_\_

**I HEREBY CONSENT TO HAVE MY NAME PLACED IN NOMINATION OR 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  YES

Signature of Nominee/Incumbent: \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed, not typed)

Date Received by Nomination Committee: \_\_\_\_\_

NOMINATING COMMITTEE REPORT  
FOR LANSING USBC ASSOCIATION BOARD OF DIRECTORS  
DATE: \_\_\_\_\_

The 2007 Nominating Committee has reviewed the credentials of each candidate and submit the following names for election as set forth in the by-laws of the Lansing USBC. The credentials for the following slate of candidate's have been printed and provided to each member present and voting at the 2007 Lansing USBC annual meeting. The candidates will not read unless there is a nomination from the floor.

OFFICERS:

DIRECTORS:

As always, additional nominations made from the floor, providing the candidate's qualifications have been submitted in writing on the official nomination form to the Nominating Committee, no later than 24 hours prior to the annual meeting, and meet the requirements of the Lansing USBC By-Laws and Administrative Manual

LANSING USBC ASSOCIATION  
CANDIDATE QUALIFICATIONS

QUALIFICATIONS OF:  
(Incumbent) if necessary

NAME:

LOCAL ASSOCIATION

PRESENT:

COMMITTEES:

PAST:

COMMITTEES

OTHER:

HONORS:

EMPLOYMENT: