

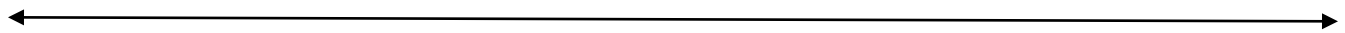
**Michigan State USBC
2023-2024
LOCAL ASSOCIATION OFFICERS REPORT**

Please send this report within (10) days after your local association annual meeting or whenever there is a change. It is important for the state association to have updated and current communication information.

Date Annual Meeting Held: _____ Officers' terms begin on: _____

Name of Association _____ Assn# _____

Office Phone: ____/____/____ FAX: ____/____/____



President: _____ Home Phone: ____/____/____

Address _____ City _____ Zip _____

Email: _____

1st Vice President: _____ Home Phone: ____/____/____

Address _____ City _____ Zip _____

Email: _____

2nd Vice President: _____ Home Phone: ____/____/____

Address _____ City _____ Zip _____

Email: _____

Association Manager _____ Home Phone: ____/____/____

Address _____ City _____ Zip _____

Email: _____

Associations Mailing Address (if different than Manager's address)

Address _____ City _____ Zip _____

Sergeant-At-Arms _____ Home Phone: ____/____/____

Address _____ City _____ Zip _____

Email: _____

*Names and address of any additional Vice presidents should be listed on reverse side.

2023-2024 LOCAL ASSOCIATION ELECTED DIRECTORS

Board of Directors: Number of Officers _____ Number of Elected Directors _____

Name

Address, City, Zip

Phone

*Use additional sheet if more space is needed.

NAME AND ADDRESS OF BOWLING CENTERS THAT HAVE LEAGUES CERTIFIED THROUGH YOUR ASSOCIATION

*Use additional sheet if more space is needed.

LIST ALL SURROUNDING CITIES CERTIFIED THROUGH YOUR ASSOCIATION

*Use additional sheet if more space is needed.

Note: You may attach the WinLabs report for your association.