## Application for Michigan State USBC Board - Please type or print clearly.

(All areas must be completed, if not applicable indicate with NA) - please attach additional information if needed)

Name	ber				
Address	City	Zip			
Primary Phone	Secondary Phone	Secondary Phone			
Email					
Position(s) I wish to be considered for					
Would you consider another position if the nomina Please note: Officers must have previously					
Are you currently a USBC Registered Voluntee USBC rules require all officers and board r					
Have you been convicted of a felony?  Per USBC rules, individuals who have beer	n convicted of a felony may not run	for a position on a Board.			
Have you ever been suspended from ABC/WIE	BC/YABA or USBC?				
If yes, please explain:					
Do you have a working knowledge of USBC Ru	ules & Procedures?				
Do you have a working knowledge of Robert's	Rule of Order?				
If elected, will you dedicate time to at least thrand work the tournaments, annual meeting, a		nmittee meetings as required			
Are you a yearlong resident of the State of Mic	chigan?				
Resume of your activities in USBC programs (	Attach additional sheet if neede	d)			
STATE LEVEL: Total number of years active: _					
Positions held:					
Present:					
Past:					
Committees Served:					

LOCAL LEVEL: Total number	r of years active			
Positions Held:				
Present:				
Past:				
1460				
OittO1				
Committees Served:				
National USBC Annual meet			-	
USBC	BA	WBA	Y	outh
Michigan State Annual meet	ings you have atter	nded: Total number of	f years:	
USBC	BA	WBA	Y	outh
May attach additional sheet	if needed to outline	e coaching career.		
Total number of years active	Center	rs:		
Constitute Local				
Coaching Level:	1 1 1	C (1 . 1 . 1	HODO D 1.	
I have the ability to perform the	_	_	·	,
I have the ability to perform all	_		an unbiased	manner (yes or no)
I have the ability to get along an		,		
bestowed on you in bowling				special skills, and any honors to run for the state board.
I certify all above statements	s are true			Date
		(Candidates Signatu	ıre)	
Reference: (For New Candida	ate's Only)			
Reference (an individual who service of bowling)	) has knowledge of	the candidate's histo	ry and past/	present performances in the
Reference Contact information:				
Name		Email		
Address	City		Zip	Phone
Instructions: Must be submitte	d to the Nominating	Chair no later than May	y 11, 2024	
Mail to:				
Cherylle Secl-Cross- Nomina	iting		ee Members:	
Chair 2405-A Porter, SW		Marti Bor		
Grand Rapids, MI 49519 616-530-8195		Randy Ry	enera	

Or email to: <a href="mailto:cherylles@grgrusbc.org">cherylles@grgrusbc.org</a>