

MINNESOTA STATE USBC ASSOCIATION

ASSOCIATION MANAGER APPLICATION

(Please type or print clearly in blue or black ink)

APPLICANT INFORMATION

Name (Last)	Name (First, Middle)
Street Address	Phone
City, State, Zip Code	Email Address
Are you under 18 years of age? Yes No	
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No	
If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar from service.)	

EDUCATION

School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				Yes No
				Yes No
College				Yes No
				Yes No
Other Specify				Yes No
				Yes No

TRAINING COURSES – List any relevant academic honors, awards, scholarships, professional organization, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to service at this association.

Course/Seminar	Organization Sponsoring	Content	Dates(s) Attended

ASSOCIATION HISTORY – list present or most recent State or Local association positions. Complete even if accompanied by a resume.

Association Name	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
Association Name	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
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Describe Duties/Responsibilities:	Reason for Leaving	

EMPLOYMENT HISTORY – Complete even if accompanied by a resume.

Employer	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
Employer	Position Title	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	

SKILLS AND ABILITIES – Describe the strengths you can bring to the Board if selected.

OTHER – List here any other information you feel would be pertinent in the selection process, including attendance at National, State, or Local bowling seminars, workshops, and other training sessions.

REFERENCES – List three persons (not relatives) who have knowledge of your bowling background, education and character.

Name	Mailing Address	Phone No.

Please read carefully before signing this form

All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial or removal from office (which ever is applicable).

Signed by Applicant _____ Date _____