

**Arizona State USBC Association  
Candidate Form Letter of Instruction**

1. This form must be filled out legibly in Black Ink. If we can't read the form it will be hard to evaluate your qualifications.
2. Please furnish an e-mail address, if you have one, which you check often. We prefer using e-mail to correspond.
3. Under the Association History block, please list only current information.
4. We want concise information that will fit on the 2 page form.
5. You may submit a resume if you wish.
6. The information printed in the delegate's packet will be limited to ½ page of information per candidate.

**ARIZONA STATE USBC ASSOCIATION**  
Candidate Form

**APPLICANT INFORMATION – PLEASE TYPE OR PRINT CLEARLY IN BLACK INK**

Name (Last, First, Middle)	USBC ID Number
Mailing Address	City, State, Zip Code
E-mail address:	
Day Phone#: (     )     )	Evening Phone #: (     )     )
Local Assn:	Are you under 18 years of age : ( ) Yes ( ) No
Have you ever been convicted of a crime or plead no contest for any offense or violation (Convictions are not an automatic bar from serving on the Board) other than minor traffic violations? ( ) Yes ( ) No. If yes, explain 1) Nature of crime, 2) Date of conviction, and 3) State in which convicted.	

**EDUCATION**

School	Name & Location	Major Subjects	Diploma/Degree Rec'd
High			( ) Yes ( ) No
College			( ) Yes ( ) No Type:
Other (Specify)			( ) Yes ( ) No Type:

**TO BE COMPLETED BY ALL CANDIDATES:**

Do you have:	Yes	No
1. A working knowledge of USBC rules and regulations?		
2. A working knowledge of Robert's Rules of Parliamentary Procedures?		
3. Time to attend the Board of Directors Meetings and the Annual Meeting?		
4. Time to attend the various committee meetings to which you may be appointed?		
5. Time to visit local associations when your services are requested by the President?		
6. The ability to perform leadership functions required of the office to which you seek nomination?		
7. The ability to perform all duties and responsibilities of the office in an unbiased manner?		
8. The ability to get along and work with others?		
9. A working knowledge of computers? If yes, describe processing speed and software knowledge: _____ _____		
10. Access to a computer at home?		
11. Access to a computer at work?		
12. Been active in your local leagues? If yes, list the office(s) and total number of years. _____		
Please describe other office equipment experience. _____ _____		

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**TRAINING COURSES – List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, licenses, or any other information you consider significant and relevant on the board of this association:**

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

**ASSOCIATION HISTORY – List present or most recent association positions first**


**Briefly describe why you want to serve on this board:**


**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 (whichever is applicable). I hereby consent to have my name placed in nomination for election/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 \_\_\_\_\_ No

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_