

BOARD OF DIRECTORS CANDIDATE FORM GREATER WASHINGTON BOWLING SENATE

Please read form carefully and complete it in its entirety.

NAME _____ TNBA # _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP CODE _____

I hereby submit my name for the following:

(Please specify) OFFICER (Position) _____ Director No. _____

1. EXPERIENCE:

<u>BOARD OF DIRECTORS</u>	<u>LEAGUE OFFICERS</u>	<u># WORKSHOPS ATTENDED</u>
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LOCAL: _____years	PRESIDENT: _____years	IN HOUSE: _____
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NATIONAL: _____years	SECRETARY: _____years	NATIONAL: _____
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2. LEAGUES IN WHICH YOU BOWL: _____

3. COMMITTEE EXPERIENCE:

LEAGUE: _____

LOCAL: _____

NATIONAL: _____

4. OTHER LOCAL ASSOCIATION (NOT G.W.B.S.) EXPERIENCE:

5. OTHER BOWLING CLUBS OR EXPERIENCE (Tournament Director, Junior Coach, Assisted at CITY, STATE, or other tournaments, etc.):

6. PRESENT EMPLOYMENT: _____

7. ASSOCIATION MEETINGS:

For the season just passed I have attended:

Incumbents: _____ Open Meetings # _____ Board Meetings # _____

Non-Incumbents: _____ Open Meetings # _____

8. REASONS FOR PLACING MY NAME IN NOMINATION:

9. **If elected to the G.W.B.S. Board of Directors, I will make every effort to attend all Board Meetings, Hearings, Workshops, Open Meetings, and other special functions of the Greater Washington Bowling Senate.**

I hereby consent to have my name placed in nomination and agree to serve if elected.

Date _____

Signature

Thank you for your interest in serving the GWBS. Please submit form within 48 hours of election date, to elections@gwbs-tnba.org