

## **OFFICAL NOMINATION FORM**

Name:			
Address:			
Contact Number:		Email:	
I wish to be conside	ered for the following	position(s) (Circle):	
President	Director	National Delegate	State Delegate
		ou need to be able to commit one day iation President and Manager.	a week, to work in the
Do you have knowl	edge of USBC rules and	I regulations?	
Do you have time t	o attend Board of Direc	ctors meetings, which are 4 or 5 times a	year?
Will Nominee atten	d Annual Association N	Meeting (usually in June):	
BOWLING ACHIEVE	EMENTS AND SPECIAL I	HONORS:	
COMMITTEES AND	BOARD OF DIRECTORS	S SERVICE:	
WHY DO YOU WAN	T TO BE A MEMBER OF	F THE LIUSBC BOARD?	
WHAT STRENGTHS	DO YOU HAVE:		
or Director for the LI	nmittee needs your cod USBC Board of Director	operation in securing the best possible rs. Much consideration should be given , before a name is placed for nominatio	to a prospective
I HEREBY CONSENT	TO HAVE MY NAME PL	LACED FOR NOMINATION FOR THE OFFI	CE OF
AND AGREE TO SER	VE IF ELECTED.		
Signature:		Date:	

NOMINATION FORM MUST BE SUBMITTED TO THE ASSOCATION MANAGER BY APRIL  $1^{ST}$ , 2024 VIA EMAIL AT <u>ASSNMGR@LIUSBC.COM</u> OR MAILED TO OFFICE AT 40 HORSEBLOCK RD, CENTEREACH, NY 11720.