



GREATER CHARLESTON
USBC ASSOCIATION



Greater Charleston USBC Association
Candidate Form

Date _____

PERSONAL INFORMATION

Name: _____ USBC ID# _____
Address: _____ Home Phone: () _____
City: _____ State: _____ Zip: _____ Business Phone: () _____
Local Association: _____
Years of membership: National _____ State _____ Local _____

LEAGUE INFORMATION

Are you presently bowling in an uncertified league? _____
Name of certified league(s) of which you are a member this season:
1. _____ 3. _____
2. _____ 4. _____

League Officer Positions Held

1. _____ # Years _____ 3. _____ # Years _____
2. _____ # Years _____ 4. _____ # Years _____

ASSOCIATION HISTORY

List present or most recent Association positions first. Complete even if accompanied by resume.

Local Association

Officer: _____ # Years _____
Director: _____ # Years _____

State Association

Officer: _____ # Years _____
Director: _____ # Years _____

Local Association Committees

Committee Name # Years Chair Member
1. _____
2. _____
3. _____

State Association Committees

Committee Name # Years Chair Member
1. _____
2. _____
3. _____

KNOWLEDGE AND SKILLS

Have you:

(Please circle your answer)

- 1. A working knowledge of USBC rules and regulations? Yes No
2. A working knowledge of Roberts Rules of Parliamentary Procedures? Yes No
3. The time to attend all called meetings? Yes No
4. The time to work on various committees to which you are appointed? Yes No
5. Time to accept other assignments? Yes No
6. Do you bowl in the City Tournament each year? Yes No

List any special skills that you may have, such as software knowledge and office equipment experience.

(continued on page 2)

REFERENCES

List one (1) person, other than a relative, who has knowledge of your bowling background or education.

Name

Mailing Address

Phone number

1. _____

Why do 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 misrepresentation or omissions of any kind may result in denial or removal from office (whichever is applicable). If elected, I agree to serve according to the laws of the GCUSBCA and USBC. I have read Chapter 1, Appendix F, and have signed and forwarded to a GCUSBCA Director Appendix C and D of the Operational Manual.

I hereby consent to have my name placed in Nomination for the office of: _____

Signature: _____

NOTE: If anyone plans to nominate someone from the floor, be sure to have their qualifications and are ready to read them. The nominee must also have submitted an application no later than 24 hours prior to the start of the Annual Meeting. Thank you for your interest in our association. Please use the back of this form for additional information if needed. This application **must be received (in our possession) no later than May 1st, 2022** to the following address:

**Greg Spencer
8469 Deerwood Drive
North Charleston, SC 29406**