



## APPLICATION FOR OFFICER OR DIRECTOR

St. Joseph Valley Association

NAME \_\_\_\_\_ CERTIFICATION NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NO, \_\_\_\_\_

### NAME OF LEAGUE/S IN WHICH YOU ARE CERTIFIED THIS SEASON

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

### **TITLE OF OFFICES HELD**

### **NUMBER OF YEARS**

STATE LEVEL \_\_\_\_\_

LOCAL LEVEL \_\_\_\_\_

### I WISH TO BE CONSIDERED FOR THE POSITION OF:

( ) President      ( ) 1<sup>st</sup> Vice President      ( ) 2<sup>nd</sup> Vice President      ( ) Director

Would you consider an alternate position?      ( ) Yes      ( ) No

### **HAVE YOU:**

1. Working knowledge of USBC Rules and Regulations?      ( ) Yes      ( ) No

2. Working knowledge of Roberts Rules & Procedures?      ( ) Yes      ( ) No

3. Been continuously active in our local association?      ( ) Yes      ( ) No

4. The time to work on committees appointed to you?      ( ) Yes      ( ) No

5. Time to attend all meetings called by the President?      ( ) Yes      ( ) No

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_