

Name		
City	Zip	
Phone #'s Home	Work	Cell
E-Mail Address		
Center(s) you bowl at i	most often	
Indicate position(s) des	sired (check all that appl	у)
President	Vice President	Director
If selected to the board	l, are you willing to com	blete the annual Safe Sport and bi-annual
Registered Volunteer F	Program (RVP)?	_This may include other athlete safety initiatives.
Skills that could be of u	use to the association: _	
Reasons that you wou	ld like to be a member o	f the board:
List of offices held or c	ommittees served:	
Additional information:		
Signature		Date
Please note: This app		tee you will be placed on the ballot for the