



GREATER KILLEEN FORT HOOD USBC
 E-MAIL: manager@bowlkilleenforthoof.org
 WEBSITE: bowlkilleenforthood.org
 FACEBOOK: Greater Killeen Fort Hood USBC

*Applications may be left at any of the bowling centers.
 Due date is 15 March.*

SELECT OPTION YOU ARE APPLYING FOR:

YOUTH COMMITTEE		DIRECTOR	PRESIDENT	VICE PRESIDENT
NAME (FIRST, MIDDLE, LAST)			USBC MEMBERSHIP ID	
HOME ADDRESS			HOME PHONE	
CITY, STATE, ZIP			ALTERNATE PHONE	
E-MAIL ADDRESS			ARE YOU OVER 18	

EDUCATION

	NAME/LOCATION OF SCHOOL	# YEARS ATTENDED	MAJOR STUDIES	DEGREE/ CERTIFICATION
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
BUSINESS/VOCATIONAL				
SPECIALIZED TRAINING				

MILITARY SERVICE

BRANCH	SPECIALTY	FROM	TO	HIGHEST RANK

Describe any relevant education, skills, duties, etc.

BUSINESS EXPERIENCE

JOB TITLE	
EXPERIENCE	

PERSONAL AND SOCIAL BACKGROUND

YEAR YOU STARTED BOWLING		# LEAGUE(S) YOU BOWL IN	
LIST BOWLING ORGANIZATIONS/ASSOCIATIONS YOU HAVE BEEN A MEMBER, OFFICER, OR DIRECTOR OF: INDICATE OFFICE HELD AND THE TERM			
ORGANIZATION	ASSOCIATION	POSITION HELD/COMMENTS	DATE FROM
			DATE TO
WHAT EXPERIENCE, TALENTS, SKILLS AND/OR ABILITIES DO YOU BRING THAT WILL BENEFIT GKFHUSBC AND THE GKFHUSBC BOARD OF DIRECTORS?			
WHAT BOWLING AND NON-BOWLING, CIVIC, FRATERNAL, SOCIAL, PROFESSIONAL, TECHNICAL, OR OTHER ORGANIZATION ARE YOU A MEMBER, OFFICER OR DIRECTOR? INDICATE ANY POSITIONS HELD. INCLUDE HONORS AND AWARDS. INDICATE DATES OF SERVICE/CONTRIBUTIONS/AWARDS.			
WHAT/HOW WOULD YOU DO TO IMPROVE THE GKFHUSBC FOR THE LOCAL BOWLERS?			
BELOW OR ON A SEPARATE SHEET OF PAPER, IF NECESSARY, LIST ANY OTHER QUALIFICATION YOU FEEL ARE PERTINENT TO THIS APPLICATION AS WELL AS REASONS YOU FEEL YOU ARE BEST SUITED TO BE ELECTED TO THE GKFHUSBC ASSOCIATION BOARD OF DIRECTORS.			
PLEASE PROVIDE A BIOGRAPHY ABOUT YOU IN 100 WORDS OR LESS THAT WILL BE PUBLISHED IN THE NEWSLETTER ALONG WITH YOUR PICTURE?			
NOMINATIONS FROM THE FLOOR FOR THE GKFHUSBC BOARD POSITION – NAMES AND QUALIFICATION MUST BE SUBMITTED TO THE NOMINATING COMMITTEE AT LEAST 24 HOURS PRIOR TO THE ANNUAL MEETING FOR ALL CANDIDATES.			

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.

Applicant signature _____ Date _____

Applicants may present their qualification to the members of the General Membership Meeting.

THANK YOU FOR YOUR INTEREST IN OUR ASSOCIATION.

APPLICATIONS MAY BE LEFT AT ANY OF THE BOWLING CENTERS. APPLICATIONS MUST BE TURNED IN BY MARCH 15. INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT CONSIDERED.