

BOARD CANDIDATE RESUME



PLEASE PRINT OR TYPE DATE: _____

FORM TO BE COMPLETED ON BOTH SIDES BY THE CANDIDATE. QUESTIONS MUST BE ANSWERED AS COMPLETELY AS POSSIBLE.

NAME OF CANDIDATE: _____ MEMBERSHIP# _____

MAILING ADDRESS: _____ ZIP CODE: _____

PHONE-- HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

EMPLOYED? WHERE: _____

POSITION HELD: _____ LENGTH OF EMPLOYMENT: _____

RESPONSIBILITIES: _____

POSITIONS HELD IN GREATER PENSACOLA ASSOCIATION: (THIS CAN BE MENS, WOMENS, YOUTH, OR MERGED. SPECIFY NO. OF YEARS IN EACH)

ASSOCIATION: _____

ASSOCIATION: _____

ASSOCIATION: _____

POSITIONS HELD IN OTHER BOWLING ASSOCIATIONS: (SPECIFY NO. OF YEARS)

ASSOCIATION: _____

OFFICES HELD IN OTHER ORGANIZATIONS:

STATE WHY YOU WANT TO BE ON THE GPUSBCA BOARD, AND WHAT SKILLS YOU HAVE TO BRING TO THE BOARD:

THE ABOVE NAME TO BE CONSIDERED FOR THE OFFICE OF:

PLEASE INDICATE IF YOU HAVE ATTENDED ANY OF THE FOLLOWING ASSOCIATION MEETINGS: (YES/NO)

2009 _____ 2010 _____ 2011 _____ 2012 _____ 2013 _____ 2014 _____ 2015 _____ 2016 _____
2017 _____

HAVE YOU:

CIRCLE ONE

- 1. A WORKING KNOWLEDGE OF USBC RULES AND REGULATIONS? YES NO
- 2. A WORKING KNOWLEDGE OF ROBERTS RULES OF PARLIAMENTARY PROCEDURE? YES NO
- 3. HAVE YOU BEEN AN ACTIVE MEMBER OF THE GPUSBCA? YES NO
- 4. IF YES, HOW LONG? _____ YEARS
- 5. WERE YOU AN ACTIVE MEMBER IN ANOTHER ASSOCIATION? YES NO
- 6. IF YES, WHERE? _____
- 7. WILL YOU ATTEND ALL GPUSBCA MEETINGS? YES NO
- 8. WILL YOU PERFORM ALL DUTIES ASSIGNED TO YOU INCLUDING TOURNAMENTS? YES NO

I, _____ DECLARE THAT I WILL SERVE MY TERM AND FULFILL MY DUTIES OF THAT POSITION IF ELECTED..

I PERMIT MY NAME TO BE PLACED IN NOMINATION FOR THE OFFICE(S) OF _____
_____ AND AGREE TO SERVE IF ELECTED.

SIGNATURE

RETURN TO: BRENDA GILLEY
5011 WILLARD NORRIS RD
MILTON,FL 32570

NOMINATING COMMITTEE:
BRENDA GILLEY CHAIRPERSON ALMA KOTULA
ANTHONY"AP" PRATHER DENISE MYERS

APPLICATION FORM MUST BE SUBMITTED NO LATER THAN MAY 31, 2017.