

**Application for Line Officer / Director / Delegate / Alternate
Bergen County USBC BA**

Please fill in all information requested and return to the Association Manager

Scott Deliantis

614 Kinderkamack Road River Edge, NJ
Phone: (201) 265-3365 Fax: (201) 265-2606

Candidate Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Telephone: _____

USBC#: _____ Email Address: _____

You may apply for more than one.

Candidate for office of:

PRES. ()

1st VICE PRES. ()

2nd VICE PRES. ()

3rd VICE PRES. ()

SGT. AT ARMS ()

DIRECTOR ()

Candidate for:

Delegate for the USBC Annual Meeting: ()

Alternate for the USBC Annual Meeting:()

Delegate for the State Annual Meeting: ()

Alternate for the State Annual Meeting:()

Delegate for the BC USBC BA Annual Meeting: ()

Alternate for the BC USBC BA Annual Meeting:()

Are you an active bowler this current season?

Yes ()

No ()

Are you bowling in an unsanctioned league?

Yes ()

No ()

Approximately how many years have you been a sanctioned bowler in Bergen County? _____

Please list all the leagues that you are sanctioned in the BC USBC BA

Bowling Offices Held: (List county, state or league)

Present: (Now Serving) _____

Past: _____

List Committees served on and indicate if Chairman: (county, state or league)

List additional information, such as attendance at NATIONAL conventions and workshops, State meetings and workshops and County meetings and workshops.

Highest Level of Education: High School ____ College ____

Professional or Business Background and or Experience

Why do you wish to server on the BC USBC BA Board?

Date: _____

Signature: _____

CANDIDATE FOR DELEGATE TO 2007 USBC CONVENTION

Signature: _____ Membership #: _____

Phone #: _____

CANDIDATE FOR STATE DELEGATE TO 2007 NJSBA ANNUAL MEETING

Signature: _____ Membership #: _____

Phone #: _____

Signature: _____ Membership #: _____

Phone #: _____

Signature: _____ Membership #: _____

Phone #: _____

Signature: _____ Membership #: _____

Phone #: _____

Signature: _____ Membership #: _____

Phone #: _____

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