

MINNESOTA STATE USBC ASSOCIATION

BOARD APPLICATION

(Please type or print clearly in blue or black ink)

APPLICANT INFORMATION

Name (Last)	Name (First, Middle)
Street Address	Day Telephone
City, State, Zip Code	Evening Telephone
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar from service.)	

ASSOCIATION HISTORY – list present or most recent State or Local association positions. Complete even if accompanied by a resume.

Association Name	Position Title's	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	
Association Name	Position Title's	
Street Address	Start Date	End Date
City, State, Zip	Assoc. Phone ()	May we contact this association?
Describe Duties/Responsibilities:	Reason for Leaving	

(If additional space is needed attach additional page)

