MINNESOTA STATE USBC ASSOCIATION

BOARD APPLICATION

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

APPLICANT INFORMATION

Name (Last)	Name (First, Middle)	
C4 4 A 11	D T-11	
Street Address	Day Telephone	
City, State, Zip Code	Evening Telephone	
	<u> </u>	
Are you under 18 years of age? ? Yes ? No		
Have you ever been convicted of a crime or pleaded no contest for any offense or		
violation other than minor traffic violations? ? Yes ? 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)

SKILLS AND ABILITIES selected.	 Describe the strengths you can bring to the Board if
Why do you desire to be on	the board or volunteer.
Please read carefully before	e signing this form
	this application is true to the best of my knowledge and representations or omissions of any kind may result in denial ch ever is applicable).
Signed by Applicant	Date

Thank you for your interest in our association