



Board of Directors Application

Name _____ USBC Membership ID# _____

Address _____

City _____ State _____ Zip _____

Home (____) _____ Work (____) _____ Cell (____) _____

E-mail _____

Local Association membership held in: _____

Employment _____

High School Graduate _____ College Graduate & Degree _____

On a separate sheet please complete the following in this order:

Why do you want to serve on the State Board?

Please list all Offices/Committees by National, State, Local experience (indicate present or past and the number of years served).

Please attach a resume.

Send all information to:

Donna Shaw, Chairperson
PA State USBC Nominating Committee
17 Chapman Lake Rd.
Scott Township, PA 18447
shawd@ptd.net

MUST BE POSTMARKED BY APRIL 1 FOR CONSIDERATION

All candidates must meet the eligibility requirements as outlined in the bylaws to serve on the PA State USBC Board of Directors and be at least fourteen (14) years of age.