

**NEW JERSEY STATE BOARD
DIRECTOR APPLICATION
ELIGIBILITY REQUIREMENTS**

*** ALL APPLICANTS FOR ADULT DIRECTOR MUST HAVE SERVED ON THE MENS OR WOMENS
STATE BOARD OF DIRECTORS FOR A MINIMUM OF FIVE(5) YEARS**

*** ALL APPLICANTS FOR YOUTH DIRECTOR MUST HAVE SERVED ON A LOCAL OR STATE BOARD
OF DIRECTORS**

GENERAL INFORMATION	
Name	
Address	
Telephone	Cell: _____ Home: _____
Email Address	
USBC No.	
Position You Seek (Choose one)	<input type="checkbox"/> Adult Director <input type="checkbox"/> Youth Director
Position You Seek(Choose one or both)	<input type="checkbox"/> President <input type="checkbox"/> VP
Is Local Association merged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been a member of USBC (or any of its predecessors)?	
Were you an active bowler this past season (2017-2018)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an active member of your local association Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXPERIENCE	
League Participation (2017-2018 season only—if more space is needed, please write on a separate sheet)	League: _____ Bowling Center: _____ League: _____ Bowling Center: _____ League: _____ Bowling Center: _____

USBC Offices Held (List national, state, local association or league positions held beginning with the most recent—if more space is needed, please write on a separate sheet)	1. Title: _____ Date(s) Held: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League
	2. Title: _____ Date(s) Held: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League
	3. Title: _____ Date(s) Held: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League
	4. Title: _____ Date(s) Held: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League
	5. Title: _____ Date(s) Held: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League

Committees Served On (if more space is needed, please write on a separate sheet)	1. Committee: _____ Dates: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League <input type="checkbox"/> Chairperson
	2. Committee: _____ Dates: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League <input type="checkbox"/> Chairperson
	3. Committee: _____ Dates: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League <input type="checkbox"/> Chairperson
	4. Committee: _____ Dates: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League <input type="checkbox"/> Chairperson
	5. Committee: _____ Dates: _____ <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> League <input type="checkbox"/> Chairperson

Attendance at National Conventions, State Annual Meetings, Local Association Annual Meetings, including dates attended (if more space is needed, please write on a separate sheet)	_____

Professional Background or Business Experience you feel might be beneficial to the State Association.	_____

ADDITIONAL INFO

Why do you want to serve on the New Jersey State Board?	

Attach bowling resume if you have one.

Date: _____ Signature: _____

Send completed application by March 1, 2018 to:

Jack Matthews III, Chairman
400 Meadowbrook Lane
South Orange, NJ 07079
Tel. 973-762-3037
Email: jamatthews@optonline.net