

ST LOUIS USBC ASSOCIATION APPLICATION
St. Louis USBC Committee Membership
Delegate to State and National USBC Convention



Check Applicable Applicant Box or Boxes:

State Convention Delegate: National Convention Delegate:

St. Louis USBC Committee:

Name the Committee(s): _____

Name _____ Address _____

Home Phone # _____ City, State, Zip _____

Cell Phone # _____ Email address _____

Bowler ID#: _____

Name of certified leagues of which you are a regular member:

_____ Center _____

_____ Center _____

_____ Center _____

Are you aged 14 years or older as of August 1 of current bowling year? _____

IF ELECTED as a delegate, are you aware that you will be required to attend the convention's annual meeting and related workshops? (Circle one) Yes NO

IF ELECTED as a delegate, are you aware that you will be responsible for any incurred expenses and will only be reimbursed a portion of the expenses? (Circle one) Yes NO

AND/OR

IF SELECTED as a Committee Member, are you aware that you will be required to attend the Committee Meetings and related activities of the committee? (Circle one) Yes NO

Date

Signature of St. Louis USBC Member