

WYOMING STATE USBC BOARD of DIRECTORS APPLICATION FORM (Yr 2)

Please fill out the form below and return to the Nominating Chair listed at end of application on or before 9:00 am on 9/19/2026. Per Wyoming Bylaws this form must be submitted no later than 24 hours prior to our delegate meeting on Sunday the 20th. Wyoming State USBC does not discriminate on the basis of age, race, gender, creed, ethnic origin, religion or physical disability.

If you are filling out this form for re-election to the board, check here:	
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BASIC INFORMATION (PLEASE PRINT)

Name:		Email address:	
Address:			
Daytime Phone:	Work Phone:	Cell Phone:	
Current Occupation:			

Applicants must be at least 14 years of age to serve on the Board and 18 to serve as an officer of the Board.

If you are between 14 & 17, please check here: _____

If you are 18 years of age or older, please check here:_____

List Qualifications:(required per our bylaws) (Officer position(s) must be Current or past BoD[5 years])

Positions up for election this year: Director Positions (5) – (3 year term)

Position applying for: _____

Why do you wish to serve on the board for Wyoming State USBC?

BACKGROUND & REFERENCES

Please describe your past or current experiences or participation with the sport of bowling: (league bowler, league officer, work experiences in bowling center, youth coach, tournament bowler, etc)

Inclusive dates	Positions

Continue on the back page or use extra sheet(s) if needed

Please list 2 references:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>

Do you have?

- | | |
|--|---|
| 1. A working knowledge of USBC rules and regulations? | ☐ Y ☐ N |
| 2. Current membership in Wyoming State USBC? | ☐ Y ☐ N |
| 3. Time to attend Board Meeting in June and at the Jamboree in September? | ☐ Y ☐ N |
| 4. Time to attend committee meetings to which you may be appointed to? | ☐ Y ☐ N |
| 5. Ability to perform all duties & responsibilities of the office in an unbiased manner? | ☐ Y ☐ N |
| 6. The ability to get along and work well with others? | ☐ Y ☐ N |
| 7. Availability on weekends to assist with tournaments and lane certifications, if needed? | ☐ Y ☐ N |
| 8. Ability to present oral or written reports to the board, if required? | ☐ Y ☐ N |

All information in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of any kind may result in the denial or removal from office.

Signature of Applicant: _____ Date: _____

Association Manager: Jessica Divis
10560 Hwy 59 S Unit B
Gillette, WY 82718
307-660-0362

or send via e-mail to:

associationmanager@bowlwyo.com