Fargo-Moorhead USBC Assoc.

PO Box 6405 Fargo, ND 58109-6405



Applicant Information - I	Please Typ	oe or Print Cle	arly			
Name: (Last)			(First, N	Niddle)		
Address:					Day Phone:	
City:	State:		Zip:		Evening Phone:	
Are you under the age of 18	?	☐ Yes ☐ I	No	If Yes, How old?	(must	t be 14 to serve in the association)
Association History - List	present o	r most recent	associatio	ns first.		
Association Name:					Position/Title:	
Address:					Start Date:	End Date:
City:	State:		Zip:		Assoc. Phone:	
Association Name:					Position/Title:	
Address:					Start Date:	End Date:
City:	State:		Zip:		Assoc. Phone:	
Bowling Background - Pl	ease list a	nny organizati	ions or Leag	jues you have beer	associated with	in bowling.
League:			Center:		Position/Title:	
Why are you interested in FM	USBC Asso	oc.?				
What can you offer to the FM	USBC Asso	oc.?				
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		Please r	ead carefu	ılly before signin	a this form.	
All information contained in this application is true to the best of my knowledge and belief. Applicants elected to the board, must be able to complete and pass the SafeSport training and Registered Volunteer Program background check within 45 days of taking office. (See www.bowl.com/RVP for more information)						
				ound check within 45 days o kind may result in denial or ı		
		,		,	(,, ,
Signature.					Date	