

**Fargo-Moorhead USBC Assoc.**

PO Box 6405  
Fargo, ND 58109-6405



<b>Applicant Information - Please Type or Print Clearly</b>			
Name: (Last)		(First, Middle)	
Address:			Day Phone:
City:	State:	Zip:	Evening Phone:
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How old? _____ (must be 14 to serve in the association)			

<b>Association History - List present or most recent associations first.</b>			
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:

<b>Bowling Background - Please list any organizations or Leagues you have been associated with in bowling.</b>		
League:	Center:	Position/Title:

Why are you interested in FM USBC Assoc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What can you offer to the FM USBC Assoc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read carefully before signing 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) I understand that misrepresentation or omissions of any kind may result in denial or removal from office (which ever is applicable).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your interest in our association.**

