

Qualifications for <u>MERITORIOUS SERVICE</u> For Arizona State USBC Association

- 1. Must be a former member of Arizona WBA or Arizona State BA or a former or present member of Arizona State United States Bowling Congress Association.
- 2. Must have been an AWBA/ASBA/Arizona State USBC member for a total of not less than 10 years (not necessary that they be consecutive years), unless injury or illness has shortened their career.
- 3. Must have been a WIBC/ABC/USBC member for a total of not less than 10 years (not necessary that they be consecutive years), unless injury or illness has shortened their career.
- 4. Must have distinguished themselves in the promotion and betterment of the Sport of Bowling through meritorious service or outstanding leadership on the AWBA/ASBA/USBC. YABA State or National Board, and/or local association level over a period of years.
- 5. A posthumous award may be presented.
- 6. Nominations are **Due by December 1**st each Season.



ARIZONA STATE USBC ASSOCIATION

Dear Hall of Fame Applicants:

This is an open letter to all associations and their membership regarding Hall of Fame applications for Meritorious Performance.

The Awards Committee is sending this letter along with the application so as to make clear, the intent of what is needed on the application and each member of the committee will be looking at, and understanding the same thing. Only complete Applications will be considered for the Award.

If you attach an additional sheet, please make sure that the information is the same as the application. We need to know what Arizona and National Championship Tournaments you have placed in. Please spell out your local association. Only USBC sponsored Arizona Local, State, and National Tournaments will count for score in the applications form. Other states are not considered in scoring of your application. If you give us this information, please put it on a separate page spelling out the name of the tournament(s). This information is nice to have and to use in the newspaper articles, we just will not score it.

If you are in doubt, contact the chairman or the Arizona State Bowling Association Office:

Sincerely,

Awards Committee Chairman

Mail form to: Arizona State USBC

Attn: Awards Committee

5235 E Southern Ave D106, PMB 246

Mesa, AZ 85206

Or e-mail: azusbcawards@gmail.com



NOMINATION FORM ARIZONA STATE USBC ASSOCIATION HALL OF FAME DUE December 1st MERITORIOUS SERVICE

Nominee must have distinguished themselves through outstanding service to Arizona Women's Bowling Association, Arizona State Bowling Association or Arizona State USBC over a period of 10 years. Must have been a AWBA/WIBC/USBC or ASBA/ABC/USBC member not less than 10 years. It is not necessary that they be consecutive years.

DATE:	TE: USBC ID#:			
NAME OF NOMINEE:				
Last	First	Middle or Maiden		
CURRENT				
ADDRESS:				
No. and Street	City	State and ZIP Code		
ELEPHONE NO.:	BIR	ГН DATE:		
Home	Cell			
LOCAL AND STATE ASSOCIAT	ION MEMBERSHIP (CURRENT & PAS'	1)		
NEAREST RELATIVE:	RELATION	RELATIONSHIP:		
Name				
ADDRESS, CITY, STATE, ZIP:				
	SERVICE ACCOMPLISHMENT	<u>rs</u>		
List positions held on State Board o	f Directors including length of time served	in each position.		
Position	Dates Served (Example	Length of Service		
	01/01/98 – 7/31/2001)			



Committee Name	Dates (as above example)	Length of Service	
List Position held at the National/St	ate/Local level with YABA or any WIBC/ABC/U	SBC Committees	
Position	Dates (as above example)	Length of Service	



	ciation Position	Date o	of Service	Years	
ist service osition	e with other organizations	•	00 Club, 600 Club, 500 C (if possible)	· ·	nization or Committ
	st any special honors or c categories.	itations for bowling	, service contributions, I	ocal, state or na	tional, not included
lumber o	f AWBA/WIBC/ASBA/ABC	/USBC conventions	served as a delegate and	d attended (inclu	ude year)
	AWBA	Year	WIBC	Year	USBC
	AWBA	Year	WIBC	Year	USBC
	ASBA	Year	ABC	Year	USBC
	ASBA	Year	ABC	Year	USBC
	escribe what makes the open page(s), and explain wha		_	-	•
NOTE: It is the responsibility of the Nominator to provide any additional Information on a yearly basis.		Submitted by:			
			Signature		_
nformatio					
nformatio	onal paper if necessary.				
nformatio	onal paper if necessary. ATER than DECEMBER 1st	:	Address		
nformatio		ittee	Address City, State, ZIP		