

APPLICATION FOR STATE OFFICER



NAME: _____

BOWLING CENTER: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CENTER PHONE: (____) _____ HOME/CELL PHONE: (____) _____

FAX: (____) _____ E-MAIL: _____

NUMBER OF YEARS OF BPAA MEMBERSHIP: _____

LIST ALL LOCAL ASSOCIATION OFFICES & COMMITTEE CHAIRS THAT YOU HAVE HELD:

LIST ALL STATE ASSOCIATION OFFICES & COMMITTEE CHAIRS THAT YOU HAVE HELD:

OTHER EXPERIENCE:

PLEASE USE A SEPARATE PAGE TO LIST ANY OTHER ACCOMPLISHMENTS/EXPERIENCE

PLEASE FAX OR MAIL THE APPLICATION NO LATER THAN MARCH 1ST TO:

BCAO

**P.O. BOX 750996
CENTERVILLE, OH 45475-0996**

(937) 433-2597 FAX

E-Mail: jclarke@bowl ohio.com