

Instructions for Completing Nomination Form Gallatin USBC Montana

1. This is an application packet for those who are interested in serving on the Gallatin USBC Association board.
2. Complete Nomination Form in full - making sure it is signed. Please type or print legibly, stapling all of the pages together in packet.
3. The candidate will submit the original application to Association Manager Ang De Haan-Lovaas, or leave at the desk at The Bozeman Bowl.
4. The positions being elected include the President and 5 Adult Directors.
5. All board terms are for two years.
6. You may apply for any and/or all positions up for election.
7. Please submit your completed form to the Association Manager by Friday, **April 10, 2026**, to give the Nominating Committee an opportunity to review it to ensure qualifications are met.
8. The bylaws contain a listing of duties/responsibilities for each office. Those include, but are not limited to, attending all board and association meetings and serving as requested/appointed by the President.

You may email completed forms to AssnMgr@GallatinUSBC.com

APPLICATION FORM
Candidates for Gallatin USBC Association

Office You Are Applying For

(Mark All that apply)

President _____ Vice President _____ Director _____

Minimum Qualifications:

1. Must be member of USBC and the Association.
2. Must be bowling in a sanctioned American ten pin league.
3. Nominee for officer:
 - a. Must be a member of USBC and local association for one year.
 - b. Must have one year experience as officer or director of local association.
4. Nominee must have attended one association meeting.

Last Name _____ First Name _____ Middle Initial _____

Street Address, City, Zip _____

Phone, Day _____ Phone, Evening _____ Phone, Cell _____

Are you under 18 years of age? Yes _____ No _____

Years as Sanctioned Bowler – Youth _____ Adult _____ Current Association _____

List any professional training, licenses, special skills or other information you feel will assist in service in this organization:

LEAGUE HISTORY – List present or most recent league positions held and number of years:

League Name _____ Association Name _____

President _____ Vice President _____ Secretary _____ Treasurer _____ Team Captain _____

Served as Delegate or on Other Committees: _____

League Name _____ Association Name _____

President _____ Vice President _____ Secretary _____ Treasurer _____ Team Captain _____

Served as Delegate or on Other Committees: _____

LOCAL ASSOCIATION HISTORY – List present or most recent local association positions held, listing most current first and number of years – add additional pages as necessary:

Association Name _____

President _____ Vice President _____ Secretary _____ Treasurer _____
Director _____ Sergeant at Arms _____

Served as a Delegate or on Other Committees: _____

Association Name _____

President _____ Vice President _____ Secretary _____ Treasurer _____
Director _____ Sergeant at Arms _____

Served as a Delegate or on Committees, please describe duties: _____

Please list your history with the association _____

Association meetings attended:

Association name _____ Meeting date _____

Association name _____ Meeting date _____

Association name _____ Meeting date _____

Other Affiliated Bowling Activities/Offices Involved With; (State, National Committee, Other Associations, Tournament Manager, etc. Add additional pages as necessary)

Position	Dates	Location	Duties/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Offices and/or Affiliations with Organizations, Other Than Bowling:

Name of Organization	Dates	Position/Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of or pleaded no contest to any felony charge? Yes _____ No _____

If yes, please explain the nature of the crime, date of conviction and state in which convicted. (Convictions are not an automatic bar from being nominated).

On a separate page, please attach any other information you feel is important.

Please read carefully before signing this form:

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial or removal from office (whichever is applicable).

Signature of Applicant

Date

Thank you for your interest in the association!