

**WEST VOLUSIA USBC BOWLING ASSOCIATION APPLICATION  
FOR ASSOCIATE DIRECTOR**

**APPLICANT INFORMATION ~ Please type or print clearly in black ink :**

Full Name :		
Street Address		Home Telephone (    )
City, St., Zip:		Cell Telephone (    )
Email Address :		USBC Card #
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes please list Date of Birth)		

**ASSOCIATION or LEAGUE BOARD HISTORY**

<b>Association Name</b>	
<b>Position / Title</b>	
<b>Duties / Responsibilities :</b>	

<b>Association Name</b>	
<b>Position / Title :</b>	
<b>Duties / Responsibilities :</b>	

**Additional information for consideration : (special skills, honors)**


Signed by Applicant \_\_\_\_\_ Date: \_\_\_\_\_

- General Information : 1.) You MUST be a current WVUSBC member in good standing  
2.) Meetings are generally held on the second Saturday of each month.**

**For more information, please contact William Waldren, WVUSBC President, at 386-734-5069 or Harold Harper, WVUSBC Association Manager, at 386-624-7475, email hjharper44@gmail.com**

**You can mail application or questions to this address:  
West Volusia USBC, 1552 Blue Grass Blvd, DeLand, FL 32724**