

CANDIDATE FORM

MISSOURI STATE WOMEN'S 500 BOWLING CLUB

DATE SUBMITTED_____

NAME OF CANDIDATE_____

MAILING ADDRESS_____

CITY, STATE, ZIP_____

HOME PHONE #, INCLUDING AREA CODE_____

WORK PHONE #, INCLUDING AREA CODE_____

MEMBER OF 500 CLUB ()YES ()NO

LAST 500 CLUB MEETING ATTENDED_____

OFFICES HELD: SPECIFY # OF YEARS IN EACH OFFICE)

LEAGUE_____

CITY ASSOCIATIONS_____

STATE ASSOCIATIONS_____

OTHER ASSOCIATIONS AND OFFICES HELD: NOT RELATED TO
BOWLING (USE BACK OF SHEET IF MORE SPACE NEEDED)

I HEREBY PERMIT MY NAME TO BE PLACED IN NOMINATION FOR
THE OFFICE OF_____OR DIRECTOR #_____

DEADLINE, DECEMBER 1st OF CURRENT YEAR_____

SIGNATURE OF CANDIDATE_____