

ILLINOIS USBC WBA AWARDS ASSOCIATION BOARD SERVICE APPLICATION

CHECK ONE:

10 YR. AWARD 15 YR AWARD 20 YR AWARD OTHER _____

MUST BE ACTIVE MEMBERS OF THE ILLINOIS USBC WBA

Board Member's Name _____ USBC Membership Card # _____

Address _____

City _____ State _____ Zip _____

Worksheet (Must be completed)

List Board Positions Held	Years	Association
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Send at End of season when Board Members Completes Year of Service

Date: _____

Name of Local Association _____

Signature Local Association Manager _____

Address _____

City _____ State _____ Zip _____

Return to:

ILLINOIS USBC WBA
1224 TOWANDA AVENUE, UNIT 22
BLOOMINGTON, ILLINOIS 61701