USBC National Delegate Nomination Form

Name of Candidate _____ USBC Membership No. _____

Address _____ _____ _____
Street City Zip

Home Phone _____ Cell phone _____

Email address _____

1. Are you currently a USBC member? Yes _____ No_____
2. Are you a member of the Kansas State USBC? Yes_____ No_____
3. Have you been a USBC National Delegate to previous USBC Conventions?
   Yes_____ No_____
4. If elected a USBC National Delegate, will you be able to attend workshops and all sessions of the USBC Convention? Yes_____ No_____
5. Will you be able to provide a report to the next Kansas State USBC Annual Meeting?
   Yes_____ No_____
6. Are you willing to study the Proposed Amendments, and vote in the best interests of the Kansas State USBC? Yes_____ No_____

What qualifications do you feel you have to be a delegate to the USBC Convention?

Is there anything else you want us to know why you are seeking election as the USBC National Delegate?

Please be aware that all of your expenses may not be reimbursed.

PLEASE COMPLETE ALL INFORMATION AND SUBMIT NO LATER THAN **March 1 annually**

TO: Kansas State USBC INC.
7657 W O'Neil
Wichita, Kansas 67212
Email: tjl300@cox.net