

Nomination for Michigan State USBC WBA Hall of Fame Meritorious Service

Date Submitted: _____

Nominee must have contributed meritorious service a minimum of 15 years to the reputation and progress of the game within the area served by the Michigan State USBC WBA. She must be at least 50 years of age.

Name of Nominee: (Miss / Mrs. / Ms) _____

Address: _____
First Maiden Last
 City: _____ State _____ Zip: _____

Birthdate (month/date/year): ____/____/____ (must be 50 years of age or older) Phone: _____

Member of which Local Association _____ Number of Years _____

Nearest Relative: _____ Relationship: _____

Address: _____ City: _____ State _____ Zip: _____

Number of years served as a Local Association Officer and/or Director _____

Positions Held	No. Years	Positions Held	No. Years	Positions Held	No. Years
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of years served as a Michigan State USBC WBA Association Officer and/or Director: _____

Positions Held	No. Years	Positions Held	No. Years	Positions Held	No. Years
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

State Association Committees served on, either as a State Board Member or as a Local Association Member:
 Indicate Chair or Member

Committee	Chair	No. Years	Member	No. Years
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Positions served as USBC Officer, Director or Committee Member: (Indicate number of years served on all committees)

Positions Held	No. Years	Positions Held	No. Years	Positions Held	No. Years
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

State Tournament Squad Organizer (10 Teams or more): Number of Times: _____

Service rendered with Local, State and National Youth Bowling Associations:

Organization	Positions Held	No. Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a separate sheet for additional information

MAIL NO LATER THAN OCTOBER 18, 2017 TO:

Hall of Fame Committee
c/o 9709 Mueller
Taylor MI 48180

Submitted by:

Signature

Address

City

State

Zip

Date Received: _____