



Qualifications for **MERITORIOUS SERVICE**
For Arizona State USBC Association

1. Must be a former member of Arizona WBA or Arizona State BA or a former or present member of Arizona State United States Bowling Congress Association.
2. Must have been an AWBA/ASBA/Arizona State USBC member for a total of not less than 10 years (not necessary that they be consecutive years), unless injury or illness has shortened their career.
3. Must have been a WIBC/ABC/USBC member for a total of not less than 10 years (not necessary that they be consecutive years), unless injury or illness has shortened their career.
4. Must have distinguished themselves in the promotion and betterment of the Sport of Bowling through meritorious service or outstanding leadership on the AWBA/ASBA/USBC, YABA State or National Board, and/or local association level over a period of years.
5. A posthumous award may be presented.
6. Nominations are **Due by November 1st each Season.**



ARIZONA STATE USBC ASSOCIATION

Dear Hall of Fame Applicants:

This is an open letter to all associations and their membership regarding Hall of Fame applications for Superior Performance.

The Awards Committee is sending this letter along with the application so as to make clear, the intent of what is needed on the application and each member of the committee will be looking at, and understanding the same thing. Only complete Applications will be considered for the Award.

If you attach an additional sheet, please make sure that the information is the same as the application. We need to know what Arizona and National Championship Tournaments you have placed in. Please spell out your local association. Only USBC sponsored Arizona Local, State, and National Tournaments will count for score in the applications form. Other states are not considered in scoring of your application. If you give us this information, please put it on a separate page spelling out the name of the tournament(s). This information is nice to have and to use in the newspaper articles, we just will not score it.

If you are in doubt, contact the chairman or the Arizona State Bowling Association Office at:

**PO Box 20666
Mesa, Arizona 85277
assnmanager@azstateusbc.org**

Sincerely,

Awards Committee Chairman



**NOMINATION FORM ARIZONA STATE USBC ASSOCIATION HALL OF FAME DUE November 1st
MERITORIOUS SERVICE**

Nominee must have distinguished themselves through outstanding service to Arizona Women's Bowling Association, Arizona State Bowling Association or Arizona State USBC over a period of 10 years. Must have been a AWBA/WIBC/USBC or ASBA/ABC/USBC member not less than 10 years. It is not necessary that they be consecutive years.

DATE: _____ USBC ID#: _____

NAME OF NOMINEE: _____
Last First Middle or Maiden

CURRENT
ADDRESS: _____

No. and Street City State and ZIP Code

TELEPHONE NO.: _____ BIRTH DATE: _____
Home Cell

LOCAL AND STATE ASSOCIATION MEMBERSHIP (CURRENT & PAST) _____

NEAREST RELATIVE: _____ RELATIONSHIP: _____

Name
ADDRESS, CITY, STATE, ZIP: _____

SERVICE ACCOMPLISHMENTS

List positions held on State Board of Directors including length of time served in each position.

Position	Dates Served (Example 8/1/90 – 7/31/2001)	Length of Service



List AWBA/ASBA/USBC Committees served on (Bowling year, if possible)

<u>Committee Name</u>	<u>Dates (as above example)</u>	<u>Length of Service</u>

List Position held at the National/State/Local level with YABA or any WIBC/ABC/USBC Committees

<u>Position</u>	<u>Dates (as above example)</u>	<u>Length of Service</u>



List services with Local Association i.e. position held, committees on which served (including Tournament Director, League Secretary. And Youth i.e. coaching, high school, or after school bowling)

Local Association Position _____ Date of Service _____ Years _____

List service with other organizations (AWBA, NWBW, 700 Club, 600 Club, 500 Club, etc.)

Position _____ Years (if possible) _____ Organization or Committee _____

Honors: List any special honors or citations for bowling, service contributions, local, state or national, not included in the above categories.

Number of AWBA/WIBC/ASBA/ABC/USBC conventions served as a delegate and attended (include year)

_____ AWBA _____ Year _____ WIBC _____ Year _____ USBC _____ Y

_____ AWBA _____ Year _____ WIBC _____ Year _____ USBC _____ Y

_____ ASBA _____ Year _____ ABC _____ Year _____ USBC _____ Y

_____ ASBA _____ Year _____ ABC _____ Year _____ USBC _____ Y

In detail, describe what makes the candidate's service outstanding on each level (National, State, and Local). Use additional page(s), and explain what the nominee accomplished in each area. (This helps the committee.)

NOTE: It is the responsibility of the Nominator to provide any additional Information on a yearly basis.

Submitted by:

Signature _____

MAIL NO LATER THAN NOVEMBER 1ST
TO: Awards Committee

Address _____

City, State, ZIP _____

Use additional paper if necessary.

Telephone _____

Cell _____

