

WISCONSIN WOMEN BOWLING WRITERS OFFICE CANDIDATE FORM

To be completed by candidate seeking nomination

NAME: _____

ADDRESS: _____

ZIP CODE: _____ TELEPHONE: _____ OFFICE # _____

LOCAL BOWLING ASSOCIATION: _____

Are you a member of Wisconsin Women's Bowling Association? _____

Member of WWBW _____; How Long _____

Have you ever been a Publicity Chairman for your Local Association? _____

Have you submitted articles to Bowling Action? _____

Writing Honors _____

Other Honors and Publicity Activities _____

Local and State Offices Held – Present and Past

Chairman or Member of WWBW Committees

<u>Committee Name</u>	<u>Year</u>	<u>Chair</u>	<u>Member</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does candidate have working knowledge of WWBW? _____

Does candidate have working knowledge of Roberts Rules? _____

Are you free to attend meetings and serve on committees? _____

I hereby consent to have my name placed in nomination for the office of:

(Officer) _____ or Director of the Wisconsin Women Bowling Writers. I promise, if I am elected, I will try to fulfill the requirements of my elected position to the best of my ability.

Signature of Candidate _____

Date _____

Submit completed candidate form to
Nominating Committee Chair: Patricia Jacomet
572 W24525 Greenbriar Drive
Waukesha, WI 53189

Forms returned NO LATER THAN
December 15, 2012