

**NEW YORK STATE USBC WBA, INC.**

**Hall of Fame Application**

**MERITORIOUS SERVICE CATEGORY**

A Nominee shall have been a member of NYS USBC WBA for at least *fifteen (15)* years.

Complete this form and send copies by **September 1<sup>st</sup>** to the NYS USBC WBA President, Association Manager, and current members of the Hall of Fame Committee. Visit [nyswba.com](http://nyswba.com) for names and addresses.

Applications are kept on file for *three (3)* years and may be updated annually. After *three* years, a *new* application must be submitted.

Name of Applicant \_\_\_\_\_

Street \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Local/State Association \_\_\_\_\_ No. Years \_\_\_\_\_

Past Association, If Any \_\_\_\_\_ No. Years \_\_\_\_\_

\*\*\*\*\*

Submitted by \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Association \_\_\_\_\_ Date Submitted \_\_\_\_\_

Use additional page(s), if required.

Date Received \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

Include any related service, along with the number of years and dates, such as an Officer, Director, Youth Bowling, Bowling Council, 500, 600, 700 Clubs, etc.

**NATIONAL:**

Present \_\_\_\_\_ Past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE:**

Present \_\_\_\_\_ Past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committees:**

Present \_\_\_\_\_ Past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of NYS USBC WBA Annual Meetings Attended as a Delegate \_\_\_\_\_

**LOCAL:**

Present \_\_\_\_\_ Past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL HONORS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** (Include bowling experience—leagues, awards, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for supporting the NYS USBC WBA Recognition Program.