

# NEW YORK STATE USBC WBA, INC.

## Service to Bowling/Community Award Application

The Service to Bowling/Community Award is presented to a NYS USBC WBA member (active or inactive) who has voluntarily given **ten (10)** or more years of outstanding service to the sport of bowling/service to her community.

Complete both pages of this form. Send copies by **September 1<sup>st</sup>** to the NYS USBC WBA President, Association Manager, and current members of the Awards 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 \_\_\_\_\_

Local Association \_\_\_\_\_

Number of Years a NYS USBC WBA Member \_\_\_\_\_

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

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

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

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

Use additional page(s), if required.

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

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

Please indicate whether you have held the following positions and the length of service:

1. Community Service Office (church, charity, hospital, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_ How Long? \_\_\_\_\_

2. Local Association Office? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_ How Long? \_\_\_\_\_

3. State Association Office? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_ How Long? \_\_\_\_\_

4. Office in Bowling Clubs/Organizations (500, 600, 700, NWBW, WASA)?

Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_ How Long? \_\_\_\_\_

5. League Offices? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_ How Long? \_\_\_\_\_

6. Local Tournament Office? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_

7. State Tournament Office? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many? \_\_\_\_\_

8. Community Service Awards? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many (Describe)? \_\_\_\_\_

\_\_\_\_\_

9. Local Delegate to State Annual Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many Times? \_\_\_\_\_

10. Local Delegate to National Convention? Yes \_\_\_\_\_ No \_\_\_\_\_

How Many Times? \_\_\_\_\_

Thank you for supporting the NYS USBC WBA Awards Program.