Southern Nevada USBC Association Delegate Application Form

Select one or both of the follo	owing delegate options:	National	State		
Name	Γ	Date	Tel		
E-mail address					
Signature				Yes	No
Are you a member of the Sou	nthern Nevada USBC A	association?			
Are you now a member of a S	Southern Nevada USBO	C Sanctioned leag	ue?		
Have you been elected as a detc.)? f elected as a delegate, are your own expe	ou prepared to travel to	-			
Please list your activities in b					
•		T 1			
Office held	National Years	Level	Committees		
Office held	Tears		Committees		
	State I	Level			
Office held	Years		Committees		
	Local I	Level			
Office held	Years		Committees		
	League				
Office held	League Years	Level Office h	eld	Ye	ars
Office held			eld	Ye	ars
Office held			eld	Ye	ars