

CANDIDATE FORM
MISSOURI STATE WOMEN'S 500 BOWLING CLUB

DATE SUBMITTED _____

NAME OF CANDIDATE _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE #, INCLUDING AREA CODE _____

WORK PHONE #, INCLUDING AREA CODE _____

MEMBER OF 500 CLUB () YES () NO

LAST 500 CLUB MEETING ATTENDED _____

OFFICES HELD: (SPECIFY # OF YEARS IN EACH OFFICE)

LEAGUE _____

CITY ASSOCIATIONS _____

STATE ASSOCIATION _____

OTHER ASSOCIATIONS AND OFFICES HELD: NOT RELATED TO BOWLING (USE
BACK OF SHEET IF MORE SPACE NEEDED)

I HEREBY PERMIT MY NAME TO BE PLACED IN NOMINATION FOR THE OFFICE
OF _____ OR DIRECTOR # _____

SIGNATURE OF CANDIDATE _____

DEADLINE – DECEMBER 1ST OF CURRENT YEAR

MAIL TO: HELEN BOHLER, 10467 PONDEROSA DR, FORISTELL, MO 63348
ANY QUESTIONS, CALL 636-673-2661