

# ***CEZBA Application Form***

(PLEASE PRINT ALL INFORMATION)

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

4. HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

5. NUMBER OF YEARS AS A SANCTIONED BOWLER: \_\_\_\_\_

6. HAVE YOU SERVED ON ANY BOARD OF DIRECTORS: \_\_\_\_\_

7. IF YES TO #6, PLEASE LIST ASSOCIATIONS, DATES, OFFICES HELD AND COMMITTEES SERVED ON. (USE BACK OF THIS SHEET)

8. LIST ANY OFFICES HELD IN LEAGUES: \_\_\_\_\_

\_\_\_\_\_

9. HAVE YOU EVER BEEN SUSPENDED FROM ABC/WIBC/USBC? YES - NO (circle one)

10. HAVE ANY CHARGES EVER BEEN FILED AGAINST YOU? YES - NO (circle one)

11. IF YES TO #9 OR #10, PLEASE EXPLAIN, GIVING ASSOCIATION AND LEAGUE NAME, WHAT CHARGES AND DATE FILED. (USE BACK OF THIS SHEET)

12. WHICH BOWLING CENTER ARE YOU BOWLING IN NOW? \_\_\_\_\_

**CEZBA Application Form (Continued)**

15. EXPLAIN BRIEFLY WHY YOU WOULD WANT TO SERVE AS AN OFFICER OF THE CONFERENCE OF EAST ZONE BOWLING ASSOCIATIONS

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16. LIST THREE NAMES OF CHARACTER WITNESSES AND PHONE NUMBERS.

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

17. IF YOU ARE NOMINATED AND ELECTED AN OFFICER OF CEZBA, SOME OF YOUR DUTIES WILL BE:

1. REQUIRED TO ATTEND ALL MEETINGS
2. HELP WITH ANNUAL TOURNAMENT ACTIVITIES WHEN REQUESTED

SIGNATURE

DATE

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION. THE NOMINATING COMMITTEE WILL REVIEW THIS FORM AND NOTIFY YOU OF THEIR DECISION.

CEZBA Use Only:

Review Date: \_\_\_\_\_

Accepted/Denied: \_\_\_\_\_