

**CHATTANOOGA AREA BOWLING ASSOCIATION  
BOARD APPLICATION**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_

NUMBER OF YEARS BOWLED IN SANCTIONED LEAGUES \_\_\_\_\_

LEAGUES YOU CURRENTLY BOWL IN:

BOWLING CENTER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you are an officer in any of the above leagues, please state by the league and what office you hold.) \_\_\_\_\_

HAVE YOU EVER SERVED AS A BOARD MEMBER OF THIS ASSOCIATION OR ANY OTHER?  
YES \_\_\_\_\_ NO \_\_\_\_\_

(If yes, please state the association and years served.)

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DO YOU ATTEND THE C.A.B.A. MONTHLY BOARD MEETINGS, OR THE ANNUAL MEMBERSHIP MEETING REGULARLY? IF NO, WHY?

\_\_\_\_\_

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WHY DO YOU WANT TO SERVE ON THE C.A.B.A. BOARD?

\_\_\_\_\_

\_\_\_\_\_

SINCE ALL BOARD MEETINGS AND LOCAL TOURNAMENTS ARE HELD ON WEEKENDS, DO YOU HAVE YOUR WEEKENDS FREE? \_\_\_\_\_

PLEASE RETURN TO ANY OF THE NOMINATING COMMITTEE MEMBERS OR MAIL TO CHAIRPERSON BY APRIL 1, 2010.

Frieda Nichols, Chairperson  
8439 Dunnhill Lane  
Hixson, TN 37343

Frank McDaniel  
Martin Winters

*Additional information regarding your bowling experience may be listed on the back of this form.*