

STATE USBC ASSOCIATION OFFICERS/DIRECTORS REPORT

Merged BA WBA Youth

Season _____

Association Name: _____ Association #: _____

Association e-mail address: _____ State Dues \$ _____

PLEASE COMPLETE THE INFORMATION BELOW TO ENSURE BONDING COVERAGE

AUTOMATIC BONDING, BURGLARY AND HOLDUP INSURANCE

Each association is automatically bonded in the sum of \$10,000 for the season. If additional coverage is needed, please list the amount necessary on a separate sheet of paper and attach it to this report. This should not exceed the total amount of operating funds and reserves at any one time. See the *USBC Playing Rules and Commonly Asked Questions* book for details of the bonding, burglary and holdup insurance program.

Name of banking institution: _____

List two (2) association officers who are authorized to co-sign for withdrawals of funds:

- | | | |
|----|------|----------|
| 1) | | |
| | Name | Position |
| 2) | | |
| | Name | Position |

Please list the position, National ID #, complete names, addresses, phone numbers and e-mail addresses of all officers and directors in the association. Send this form to USBC Headquarters by fax (817) 385-8268 attn: Bowling Information Center or mail at 621 Six Flags Drive, Arlington, TX 76011. For further information contact the Bowling Information Center by telephone at (800) 514-2695, ext. 3161, or by e-mail at bowlinfo@bowl.com.

Position: _____ National ID #: _____
 Term Begins: _____ Term Ends: _____
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Day Phone: _____
 Evening Phone: _____
 E-mail address: _____

Position: _____ National ID #: _____
 Term Begins: _____ Term Ends: _____
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Day Phone: _____
 Evening Phone: _____
 E-mail address: _____

Position: _____ National ID #: _____ Term Begins: _____ Term Ends: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Day Phone: _____ Evening Phone: _____ E-mail address: _____	Position: _____ National ID #: _____ Term Begins: _____ Term Ends: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Day Phone: _____ Evening Phone: _____ E-mail address: _____
Position: _____ National ID #: _____ Term Begins: _____ Term Ends: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Day Phone: _____ Evening Phone: _____ E-mail address: _____	Position: _____ National ID #: _____ Term Begins: _____ Term Ends: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Day Phone: _____ Evening Phone: _____ E-mail address: _____
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