



REGIONAL DIRECTOR CANDIDATE APPLICATION
for
BPAA BOARD OF DIRECTORS

APPLICATION DEADLINE : DECEMBER 31st

Note: Contact Laurie@bpaa.com to confirm receipt of your application.

NAME _____
CENTER _____
TITLE _____
ADDRESS _____
CITY, STATE, ZIP _____
CENTER PHONE _____
CELL PHONE _____
EMAIL _____
WEBSITE _____
REGION _____

1. How many years have you been associated with your current center? _____ years
2. Do you own your center? No Yes, 100% or _____ %
3. How many lanes is your center? _____
4. Is your center a family-owned business? No Yes
If yes, please list other family members involved with your center (if any)

5. Are you an active, sanctioned bowler? No Yes _____ Years
6. How many BPAA conventions have you attended in the last 10 years? _____
7. What do you consider your area(s) of expertise?
 Finance Marketing Legislative/Advocacy Staffing Operations
 Other _____

Per BPAA Bylaws, Section 5.03—Representatives of Members: Representatives of Regular Members only shall be deemed eligible for elective office in this Association, provided that they have been representatives of such Members in good standing for a period of two (2) years and the representative designated must in addition have a minimum of a five percent (5%) equity ownership interest in the Regular Member’s business (a “Proprietary Interest”) in order to be eligible to serve as an Officer or Regional Director of this Association. COMPLETION OF VERIFICATION FORM & SUBMISSION OF NOTED DOCUMENTATION REQUIRED.

NAME _____

SECTION A: PROFESSIONAL BACKGROUND

1. State the professional positions you have held in the bowling industry listing the most recent first. Please also list dates of each position held. Include all bowling center positions, any positions with industry partners, service on other boards, etc.

2. Please list any instances in which you advanced the bowling industry through exceptional contributions?

3. List associations you have been a part of, including dates.

4. List any awards (local, regional, national, career or personal) that you have received. Include date, name of award and organization.

5. List education background, institutions, degrees and certifications and dates.

NAME _____

6. List those credentials you believe qualify you for the position you’re seeking.

SECTION B: BIOGRAPHICAL PROFILE

*Please include a brief bio (400 words or less) suitable for publication if you are chosen as a candidate.
(You may attach/include on separate sheet if you prefer.)*

SECTION C: POSITION STATEMENT I

In an increasingly competitive marketplace, what do you believe are the strongest components to BPAA’s current strategic plan to deliver members value and engagement?

NAME _____

SECTION C: POSITION STATEMENT II

Tell us how you've worked as part of a leadership team in a company, organization or other group; the role you played; and how what you experienced will equip you to serve as part of the BPAA Board of Directors.

SECTION D: LEGAL, REGULATORY OR OTHER MATTERS THAT MIGHT REFLECT ADVERSELY ON THE BPAA

Are you currently aware of any prior or pending business, legal, regulatory or other matters involving yourself that may arise during your prospective term of office that might reflect adversely on the BPAA?

No Yes – Please provide details; information will only be seen by the Nominating Committee.

SECTION E: AUTHORIZATION

Please consider me a candidate for nomination to the BPAA Board of Directors. I understand the duties and responsibilities of the position and will agree to expend the time and resources required to serve if I am nominated by the state/region and elected by the Regional Membership.

As set forth in Section 9.02d of BPAA's Bylaws– Attendance of Directors: Any Director who misses two (2) consecutive Regular Meetings of the Board shall be removed from the Board automatically, except in cases where such Director is on active duty in the Armed Services or is permitted to remain by the Board due to extenuating circumstances.

I attest that, to the best of my knowledge, the information contained in this application is true and accurate and contains no significant omissions. I acknowledge that submitting an application with inaccuracies or omissions, revealing confidential information known by me, or repeating confidential information provided by others, is a breach of BPAA's Confidentiality Agreement. In addition, I acknowledge that if such breach occurs, consideration of my candidacy may be refused.

By my signature below, I attest I have a minimum five percent (5%) equity ownership interest in a Regular Member's business (a "proprietary Interest") and am therefore eligible to serve as a Regional Director. Further information and verification documentation is attached.

Signature

Date

*Email completed application, ownership documentation as outlined on the following page and a minimum of three reference letters to **Laurie@BPAA.com**. While it is not necessary that all of these references be from within the bowling industry, at least two should be bowling related and of a professional nature.*

NAME _____

POSITION APPLIED FOR REGIONAL DIRECTOR _____

BOWLING CENTER AFFILIATION _____

TITLE Owner OR Director
✓ Attach consent resolution by the shareholders or a filed annual report with your state of incorporation listing ownership

Partner Officer: _____ [Title]

Manager
✓ If a manager of a limited liability company, attach a consent resolution of members or pertinent pages of operating agreement for LLC appointing you as manager

Other: _____

BPAA MEMBER NO. _____ DATE OF BIRTH _____

YOUR HOME ADDRESS _____

OWNERSHIP

Sole proprietor
✓ Attach Schedule C of tax return*

Shareholder [if corporation]: Percentage of Ownership _____%
✓ Attach Pages from shareholder agreement showing ownership; or
✓ Stock Ledger; or
✓ Schedule K-1 of tax return*, if S Corporation

Partner [if partnership]: Percentage of Ownership _____%
✓ Attach Pages from partnership agreement showing ownership; or
✓ Schedule K01 of tax return*

Member [if limited liability company]: Percentage of Ownership _____%
✓ Attach Pages from operating agreement showing ownership; or
✓ Schedule K-1 of tax return*

Other: _____

**If tax return information is submitted, please obscure social security numbers and non-pertinent financial information.*

Signed this _____ day of _____, 20____.

By _____
Signature Printed Name

The above named _____ personally came before me this _____ day of _____, 20____, and is known to me to be the person who executed the foregoing instrument and acknowledged the same.

STATE OF _____)
) SS
_____ COUNTY)

Notary Public
State of _____ My Commission Expires: _____