



## APPLICATION FOR EXISTING OFFICER CANDIDATES

APPLICATION DEADLINE DECEMBER 1<sup>st</sup>

Name \_\_\_\_\_

Position Applying For \_\_\_\_\_

Please tell us about your experience serving as an officer.

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Why do you want to serve again?

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What projects/programs has the BPAA BOD discussed in the past year that you feel passionately about?

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What do you want to accomplish during your time as a BPAA officer? What is your vision for the BPAA?

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NAME \_\_\_\_\_

Are you 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.

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*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 Committee and elected by the General Membership in June during the Annual Membership Meeting at International Bowl Expo.*

*As set forth in Section 9.02d – Attendance of Directors of BPAA’s Bylaws, 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, the Nominating Committee may refuse to consider my candidacy.*

- By my signature below, I attest I still have a minimum five percent (5%) equity ownership interest in a Regular Member’s business (a “proprietary Interest”).**
- My ownership / proprietary interest, has changed since my initial application. Please see attached form and proof of ownership.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*NOTE: As set forth in the Association Bylaws, Section 5.03—Representatives of Regular Members only shall be deemed eligible for elective office in this Association, provided that they have been a representative of such Member 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. Complete Verification Form and provide necessary documentation.*

**Submit completed application to [Laurie@BPAA.com](mailto:Laurie@BPAA.com) no later than December 1.**

*Please contact [laurie@bpaa.com](mailto:laurie@bpaa.com) to confirm receipt of your application.*

NAME \_\_\_\_\_

TO BE COMPLETED ONLY IF OWNERSHIP HAS CHANGED SINCE INTIAL APPLICATION

POSITION APPLIED FOR \_\_\_\_\_

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  
✓ Schedule C of tax return\*

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

Partner [if partnership]: Percentage of Ownership \_\_\_\_\_%  
✓ Pages from partnership agreement showing ownership  
✓ Schedule K01 of tax return\*

Member [if limited liability company]: Percentage of Ownership \_\_\_\_\_%  
✓ Pages from operating agreement showing ownership  
✓ 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: \_\_\_\_\_