

**APPLICATION FOR STATE OFFICER**

NAME: \_\_\_\_\_

BOWLING CENTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

LANES: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

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

NUMBER OF YEARS OF BPAA MEMBERSHIP: \_\_\_\_\_

**LIST ALL LOCAL ASSOCIATION OFFICES & COMMITTEE CHAIRS THAT YOU HAVE HELD:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL STATE ASSOCIATION OFFICES & COMMITTEE CHAIRS THAT YOU HAVE HELD:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*APPLICANT MAY SUBMIT ANY FURTHER INFORMATION REGARDING ACCOMPLISHMENTS OR ACHIEVEMENTS.*

**PLEASE FAX OR MAIL THE APPLICATION  
NO LATER THAN MARCH 15TH TO:**

**BCAO  
P.O. BOX 750996  
CENTERVILLE, OH 45475-0996  
(937) 433-2597 FAX**