

*New Jersey State USBC  
Women's Bowling Association*



# **Application for Meritorious Service**

Questions – Kindly call Linda Rose at 201-997-3125

Please return no later than January 15, 2012 to

Linda Rose  
21 Eckhardt Terrace, N. Arlington, NJ 07031

## MERITORIOUS SERVICE

There will be three (3) categories: Superior Performance, Meritorious Service and Veteran Performance. Eligibility: Candidates shall be chosen on the basis of playing ability, integrity, sportsmanship, character, and contribution to the game of bowling in general and outstanding service to the game of tenpins over a period of years.

1. Member of the NJ State USBC WBA in good standing for a minimum of 15 years
2. Point System – need a minimum of 250 points to be eligible.
3. The NJS USBC WBA Board of Directors, Committee Members and all Hall of Fame Inductees will elect members to the NJS USBC WBA Hall of Fame by secret ballot.
4. Voting: Each voting member shall be entitled to vote for not more than three (3) candidates in each category. Candidates receiving at least 2/3rds of the vote in each category will be inducted into the NJS USBC WBA Hall of Fame. The voting process shall include removing the names from the credentials before placing the individuals on the ballot.
5. The committee shall return credentials to the individual and the person who submitted them so they can update and resubmit. The current chairperson shall provide the Association Manager with copies of all credentials for the state office immediately following the selection of the inductees. Therefore, the Association Manager must keep any names submitted on file until the next Hall of Fame.

STATE			NATIONAL		
Board Members	Per Years of Service	Points		Per Years of Service	Points
President		12	Board Member		6
Vice President		6			
Secretary/Treasurer		12	Delegate	State Board Member	2
Secretary		6	Alternate Delegate	State Board Member	1
Treasurer		6			
Association Mgr		12			
Sergeant-At-Arms		5			
Director		4			
			<b>OTHER SERVICE</b>		
State Committees	Per Years of Service				
Committee Chair	Senior	5		Per Years of Service	
	Queens	5	Special Olympics		1
	Inter-County Tourn	3			
	Championship Tourn	10	Coaching	Junior/High School	2
	State Workshop	3			
Committee Member	All Committees	1			
<b>OTHER STATE ENTITIES</b>			<b>COUNTY ASSOCIATION SERVICE</b>		
	Per Years of Service				
Bowling Council	Secretary	5	Hall Of Fame	Each Induction	75
	Treasurer	3	Board Member	Per Years of Service	1
	Member	1	Membership Development	Member	1
600 Club	Secretary	5			
	Treasurer	3			
	Director	1			
500 Club	Secretary	5			
	Treasurer	3			
	Director	1			
Membership Development	Chair	5			

Nomination Application for NJS USBC WBA HALL OF FAME

**Meritorious Service**

Qualifications: The nominee must have distinguished herself through outstanding service to the NJS USBC WBA over a period of years. Please read the information on the opposite page carefully. Candidates need a minimum of 250 points to be eligible. **Use additional sheets if necessary.**

Date: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_  
First Last Maiden and other names bowled under

Current Address: \_\_\_\_\_  
Street City State Zip

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Number of years bowled: \_\_\_\_\_ Member of Local Association: \_\_\_\_\_

Member of Multiple Local Associations: \_\_\_\_\_  
(List all that apply)

State Service: (List all that apply using the items listed in the point system as a guide)

Other State Entities: (List all that apply using the items listed in the point system as a guide)

National Service: (List all that apply using the items listed in the point system as a guide)

Other Service: (List all that apply using the items listed in the point system as a guide)

County Service: (List all that apply using the items listed in the point system as a guide)

Awards and/or Honors in the Field of Bowling: (List all that apply using the items listed in the point system as a guide)

County Halls of Fame: (List every induction and the date)

Name of Person Submitting Application: \_\_\_\_\_

Signature of Person Submitting Application: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_