

Candidate form for Wal-Roc USBC

		Date:
Candidate for the office of _		
Name: (Mrs./Ms./Mr.)		Date of Birth
Address:	City:	State <u>WI</u> Zip
Phone: (Home)	(Office)	(Cell)
Establishment where you bo	wl:	
Offices: Present/Past		Committees served on: Present/Past
Does the candidate have a w	orking knowledge of U	JSBC?
Does the candidate have lea	dership qualities?	
Has the candidate agreed to	serve?	
		on committees?
Was the candidate contacted	d personally by the nor	minating committee?
Signature of the candidate: _		
Please use the back for addit		
Return By: 2/28/2025		Return this form to: Karen Klabunde 744 Marshall St

Lake Geneva, WI 53147