



**List all offices held Past and/or Present: (include number of years held)**

	<b>Office(s) Held</b>	<b>YR.</b>		<b>Office(s)</b>	<b>YR.</b>
<u>Local Associations:</u>	_____	_____	UABA/AJBC:	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
<u>State Associations:</u>	_____	_____	Coach:	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
<u>Leagues:</u>	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____

Did you attend the WWBA annual meeting in 2010? YES / NO

How many WWBA Annual Tournaments have you participated in? \_\_\_\_\_

**I HEREBY CONSENT TO HAVE MY NAME PLACED IN NOMINATION FOR:**

\_\_\_\_\_ 1st Vice President      \_\_\_\_\_ Sergeant-At-Arms      \_\_\_\_\_ Director

\_\_\_\_\_  
Signature Date (REQUIRED)

**THIS FORM MUST BE RETURNED NO LATER THAN MARCH 12, 2011 TO:**

Michele Johnson, Association Manager  
8 Nicole St.  
New Castle, DE 19720  
(302) 356-0533

