USA BOXING BOARD OF DIRECTORS

CANDIDACY FORM

Candidate _____

United States Citizen: _____yes _____no

Board Position (circle below):

Chair/President Women's Boxing Coach Official Grassroots

Current Registration #_____No. of years membership in USA Boxing _____

Address:_____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail: _____ Fax: _____

Current Certifications held within USA Boxing:

Coach _____ Certification Date _____

Official _____ Certification Date _____

Women's Boxing – list your contributions and involvement in Women's Boxing Programs

_____

_____

_____

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I authorize _____ do not authorize _____ the publication of my candidacy information and documents on the USA Boxing Website. I understand that the documents will be distributed to the Credentials and Election Committee for their review and evaluation. This information may be shared with USA Boxing membership.

_____ _____

Candidate signature Date