



**OHIO STATE**

**CHANGE OF LOCAL ASSOCIATION OFFICER FORM**

Return to: Ohio State USBC  
P. O. Box 1239  
Uniontown, Ohio 44685

Local Association: \_\_\_\_\_

NEW Association President's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

REPLACING: \_\_\_\_\_

NEW Association Manager's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

REPLACING: \_\_\_\_\_

