



NorthWest Kansas Library System

Representative Certification Form

Executive Committee

The Full System Representatives of _____ County
Name of County

have agreed that _____
Name of Representative—Please Print

shall be the Representative for their County on the NorthWest
Kansas Library System Executive Committee.

Representatives _____
Mailing Address _____

Home Phone _____ Cell Phone _____

Email _____

Signature _____
*County Representative Date

***YOU MAY NOT CERTIFY YOUR OWN APPOINTMENT**

This portion of the form to be Completed by NWKLS Staff

Term of Office January 1, 20 ____ to December 31, 20 ____

First Term 2 years Third Term 2 years

Second Term 2 years Fourth Term 2 years

Unexpired or Partial Term of _____
_____ years