NorthWest Kansas Library System
Representative Certification Form
Executive Committee

The Full System Representatives 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.

Representative Certification Form

Name of County

The Full System Representatives 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 ______________________   _____________    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