NorthWest Kansas Library System
Representative Certification Form
Full System Board

______________________________ has been appointed to serve as the
Representative’s Name

Representative to the Northwest Kansas Library System Full Board

Representing __________________________, __________________.

Library or Institution: __________________

Town: __________________

Representatives __________________
Mailing Address __________________

Home Phone ________________
Cell Phone ________________

Email __________________

Signature __________________

School Administrator or Librarian*

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 4 years

☐ Second Term 4 years

☐ Unexpired or Partial Term of ________________________

___________ years