



**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** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School Administrator or Librarian\***

***\*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