



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** _____
Board President 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