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