

**Missouri State Library
Public Library Board of Trustees List**

Library Type: County (5-member) or City-County (9-member)

Effective Date: _____

Name of Library:		Phone Number:		
Street Address:		Mailing Address:		
Name:	Mailing Address:	Phone Number with Area Code:	Email:	Year Term Expires:
Pres.				
V.P.				
Treas.				
Sec.				
Members: <i>New</i> <input checked="" type="checkbox"/>				
5.	<input type="checkbox"/>			
6.	<input type="checkbox"/>			
7.	<input type="checkbox"/>			
8.	<input type="checkbox"/>			
9.	<input type="checkbox"/>			
Departing Member's Name:		Term Expired?	Year Term Exp.	Name of New Member Filling Vacancy:
1.		Yes <input type="checkbox"/> No <input type="checkbox"/> →		
2.		Yes <input type="checkbox"/> No <input type="checkbox"/> →		
3.		Yes <input type="checkbox"/> No <input type="checkbox"/> →		
<i>This is to certify that the above mentioned members of the Board of Trustees of this library have been appointed and hold their office in accordance with the laws of Missouri; that no member has received or is receiving compensation as such; that no person is employed by the Board who is related by blood or marriage to any trustee of the Board and that no trustee is an elected official.</i>				
Signature of Library Director:			Date:	
Signature of Library Board President:			Date:	
Please inform the State Library of changes in Board Members and Officers <u>as they occur.</u>				