

10, CONSOLIDATED PUBLIC LIBRARY BOARD TRUSTEES LIST

NAME OF LIBRARY		COUNTY		
ADDRESS (PLEASE INCLUDE POST OFFICE BOX)				
NAME	ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	Area Code _____ PHONE	EMAIL	YEAR TERM EXPIRES
1. PRES				
2. V-P				
3. TREAS				
4. SEC				
MEMBERS				
5.				
6.				
7.				
8.				
MEMBERS WHO WERE REPLACED BY NEW MEMBERS				
1.				
2.				
3.				
<p><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></p>				
SIGNATURE OF LIBRARY DIRECTOR		PHONE	DATE	
SIGNATURE OF PRESIDENT, Library Board of Trustees		PHONE	DATE	
<p>Please inform the State Library of changes in board members and officers <u>as they occur</u>. This information should include name, address, expiration date of term of office, and whom the member replaces.</p>				