

**# 13, REGIONAL PUBLIC LIBRARY BOARD TRUSTEES LIST**

<b>NAME OF LIBRARY</b>		<b>COUNTY</b>		
<b>ADDRESS</b> (PLEASE INCLUDE POST OFFICE BOX)				
<b>NAME</b>	<b>ADDRESS</b> (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	<b>Area Code</b> _____ <b>PHONE</b>	<b>EMAIL</b>	<b>YEAR TERM EXPIRES</b>
1. PRES				
2. V-P				
3. TREAS				
4. SEC				
<b>MEMBERS WHO WERE REPLACED BY NEW MEMBERS</b>				
1.				
2.				
3.				
<p><i><b>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; that no trustee is an elected official or member of the city government, except in those cities where the library is maintained from city resources, and that no present board member representing a voted-tax city library has served more than three terms without an intervening absence from the Board of two years.</b></i></p>				
SIGNATURE OF LIBRARY DIRECTOR		PHONE	DATE	
SIGNATURE OF PRESIDENT, Library Board of Trustees		PHONE	DATE	
<p><b>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.</b></p>				