MISSOURI STATE LIBRARY

LIST OF TRUSTEES **COUNTY PUBLIC LIBRARY BOARD**

DATE: _____

NAME OF LIBRARY			**COUNTY**	
ADDRESS (PLEASE INCLUDE POST OFFICE BOX)				
NAME	**ADDRESS** (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	**PHONE**	**EMAIL**	**YEAR TERM EXPIRES**
1. PRESIDENT				
2. VICE PRESIDENT				
3. TREASURER				
4. SECRETARY				
5. MEMBER				
MEMBERS WHO WERE REPLACED BY NEW MEMBERS				
1.				
2.				
3.				

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 member of the city government is a member of the Board, except in those cities where the library is maintained from city resources, and that no present member of the Board has served more than three terms without an intervening absence from the Board of two years.

SIGNATURE OF LIBRARIAN		DATE
SIGNATURE OF PRESIDENT, *of the Library Board of Trustees*	PHONE	DATE

Please inform the State Library of changes in board members and in officers as they occur. This information should include name, address, expiration date of term of office, and whom the member replaces.