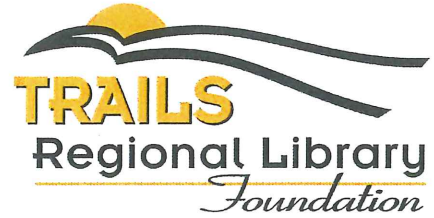


Foundation Board Nominee Information



Name _____

Address _____

City _____ County _____

Telephone _____ Email _____

Occupation _____

By submitting this form, you are agreeing to be considered for appointment to the Foundation Board. Appointments are made by the Board of Trustees, Trails Regional Library.

Are you related to any member of the library staff? If so, whom?

Would decisions made by the Foundation Board conflict with your business or occupation?
If yes, please explain:

List former and current activities and accomplishments in your community

List prior experience serving as a board member (public or private)

What experience or skills can you bring to the Foundation Board

What improvements to services or facilities should be made in the Library District?

Explain why you are interested in becoming a member of the Foundation Board