



Application for a Board Member

Name: _____

Address: _____

Phone Number: _____ Email: _____

Your Experience

Experience with Libraries

Community Affiliations

Education, experience and/or skills that would add value to the board

Why do you want to be a Board Member for Wainwright Public Library?

Signature: _____ Date: _____

Submit to Jodi Dahlgren, Library Manager at librarian@wainwrightlibrary.ab.ca

Explore, Experience, Enjoy