

**Missouri State Library
Public Library Board of Trustees List**

Library Type: Voted-Tax Municipal Library District

Effective Date: _____

Name of Library:		Phone Number:		County:	
Street Address:		Mailing Address:			
Name:	Mailing Address:	Phone Number with Area Code:	Email:		Year Term Expires:
Pres.					
V.P.					
Treas.					
Sec.					
Members: <i>New</i> <input checked="" type="checkbox"/>					
5.	<input type="checkbox"/>				
6.	<input type="checkbox"/>				
7.	<input type="checkbox"/>				
8.	<input type="checkbox"/>				
9.	<input type="checkbox"/>				
Departing Member's Name:		Term Expired?	Year Term Exp.	Name of New Member Filling Vacancy:	
1.		Yes <input type="checkbox"/> No <input type="checkbox"/> →			
2.		Yes <input type="checkbox"/> No <input type="checkbox"/> →			
3.		Yes <input type="checkbox"/> No <input type="checkbox"/> →			
<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, with the exception of the Urban Library District, 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, and that no present member has served more than three terms without an intervening absence from the Board of two years.</i>					
Signature of Library Director:				Date:	
Signature of Library Board President:				Date:	
Please inform the State Library of changes in Board Members and Officers as they occur.					