



TRUSTEE NOMINATION FORM

- This is to confirm that I am offering my candidacy as a Library Trustee for the term ending in 2025.
- I understand that the personal information provided will be used on an information sheet made available to Library members. This sheet may be edited for space.
- I confirm that I am over 18 years of age and have been a member of the Grand Forks Public Library for 30 days or more.

I represent: City of Grand Forks Area "C" Area "D"

NAME _____

Library Membership # _____

Mailing

Address _____

Telephone #: (_____) _____ Email: _____

Date of Birth: _____

Signature _____

NOMINATED BY

NAME _____

- The person nominating me is over 18 years of age and have been a member of the Grand Forks Public Library for 30 days or more.

QUALIFICATIONS AND ELIGIBILITY

Tell us about yourself.

Please provide biographical information in the space below.

Describe your reasons for seeking election to the Library Board.

What can you contribute?

Tell us about any prior board or volunteer experience.