

**CITY OF COFFEYVILLE, KANSAS  
BOARD APPLICATION**

**Date** \_\_\_\_\_

**Board or Commission:**      **Coffeyville Public Library Board of Directors**

**Term:**                              **4-Year Terms**

**Meeting Times:**              **Second Tuesday of each month, 5 p.m., Library**

**Purpose and Membership:** **To make and adopt rules and regulations for administration of library.**

**The seven (7) members of this Board are all residents of the City of Coffeyville.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Work Experience and Training** \_\_\_\_\_

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**Interest in Board** \_\_\_\_\_

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Signature