

BOARD MEMBER APPLICATION

Applicant Name: _____ Date: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you a resident of Grant County? _____ Are you a registered voter? _____

Why do you want to serve on the Grant County Library District Board?

Describe past experiences or positions held that would assist you as a board member.

Outline strengths, abilities and talents that you would bring to the board.

In your Opinion, what is the most important role of a a board member?

Please submit your application to: Grant County Library District

Application Deadline: November 12, 2026 at 5:30 pm