



## **Application for Appointment CCRLS Advisory Council**

Complete this application for consideration for appointment to the Chemeketa Cooperative Regional Library Service [CCRLS] Advisory Council. All questions should be answered completely. Return the completed application to CCRLS, PO Box 14007, Salem, Oregon 97309-7070. For more information, please call 503-399-5165.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ E-Mail \_\_\_\_\_

In the space provided (and on additional sheets if needed), please indicate your experience working with advisory committees, governing boards, etc.

Committee Name	From	To	City/Area
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate how your past experiences and services to the local community relate to your appointment to the CCRLS Advisory Council. Use additional sheets, if needed, for your response.

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