



POSITION ON ESPANOLA PUBLIC LIBRARY BOARD

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

OCCUPATION: _____

IF YOU HAVE EXPERIENCE ON ANY BOARD/COMMITTEE, PLEASE SPECIFY WHICH ONES AND HOW LONG:

QUALIFICATIONS: at least 18 years of age; Canadian citizen; a resident of the Town of Espanola or a resident of a municipality which has a contract with the Board for library services; is not employed by the Board or by the municipality.

If you qualify, please sign: _____

Dated: _____

Notice

Personal information contained on this form is collected by the Corporation of the Town of Espanola in accordance with the *Freedom of Information and Protection Act* and will be used by the Town in making a decision. All names, addresses and comments will not be available to the public.

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