

CCRLS Advisory Council | Application for Appointment

Complete this application for consideration for appointment to the Chemeketa Cooperative Regional Library Service [CCRLS] Advisory Council. For more information, please email Jennifer.badzinski@ccrls.org or call 503-399-5165.

Name	Phone
Physical Address	Mailing Address
County of Residence	Email address
What position are you applying for: In the space provided (and on additional sheet)	ets if needed), please indicate your experience
working with advisory committees, governing	, ,
Committee Name From	om To City/Area
Please indicate how your past experiences at	
your appointment to the CCRLS Advisory Coyour response.	uncii. Use additional sneets, if needed, for

Wh	ny are you interested in being considered for an appointment to the CCRLS Council?
Са	n you commit to attending 5 to 6 meetings from September to May?
	n interested in representing my area in a position on the Chemeketa Cooperative Regionary Service Advisory Council.
Sig	nature of Applicant Date
Ple	ease email or mail completed application to: