

APPLICATION FOR COMMISSIONER SELBYVILLE PUBILC LIBRARY

Address:		
City, State, Zip:		
Telephone:	Email:	
How long have you been	n a Selbyville resident?	
such as grant writing, fu		sist in the operation of the library, maintenance (building/grounds), u offer as a Commissioner?
Why do you want to be	a Commissioner?	
(Signature)		(Date)