



Website: gls.georgialibraries.org
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Library Consumer Advisory Council Board Application

Please print or type:

Full Name _____ Age _____ Gender _____

Street Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Emergency Contact _____

Day Phone _____ Evening Phone _____

Employer _____

Position _____

Street Address _____

City _____ State _____ Zip _____

Are you a student? Yes No

If yes, what is the name of your school? _____

Name of Parent/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

Are you are a registered library user of the Library? Yes No

How long have you been a Library subscriber? _____

What is the nature of your disability(ies)?

Please list all organizations, clubs, groups, or boards you are a member of or affiliated with, length of service and position held if any.

Organization _____

Length of service _____ Position _____

Organization _____

Length of service _____ Position _____

Organization _____

Length of service _____ Position _____

Have you ever visited the Library at its current location? Yes No

Are you a registered voter? Yes No

Why do you want to become a member of the Library Consumer Advisory Council?
Explain.

What talents, skill or abilities do you possess that you believe would be a contribution to the Library Consumer Advisory Council?

Signature _____

Date _____