

Tinicum Memorial Public Library Board of Trustees Application

Name: _____

Phone Number: _____

Email: _____

Do you live in Tinicum Township? (Circle one) YES NO

If the above answer is no, do you work in Tinicum Township? (Circle one) YES NO

Do you have a Delaware County library card? (Circle one) YES NO

Please check all that apply:

I am 18 years of age

I have experience in:

Finance/ Accounting

Fundraising

Public/ Community Relations

Strategic Planning

Please provide a brief overview of your experience in the above categories (if any):

If you have more information you'd like to add, you may do so below:
