



***Tinicum Memorial  
Public Library***

**Board of Trustees Application**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

*Township residency is not required*

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):

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

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