

HELEN PLUM LIBRARY  
ADVISORY COMMITTEE APPLICATION FORM

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

Address: \_\_\_\_\_ Lombard, IL

Main phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

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

I wish to be considered for: \_\_\_\_\_ Building and Grounds  
\_\_\_\_\_ Community Relations  
\_\_\_\_\_ Policy  
\_\_\_\_\_ Strategic Planning

Provide basic information about your employment history or avocations, including name of employer, job title, and dates:

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Professional and civic affiliations

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Please return this form to:

Bob Harris, Director  
Helen Plum Library  
110 West Maple St.  
Lombard, IL 60148  
Voice: 630-627-0316  
Fax: 630-627-6741

email: [bharris@helenplum.org](mailto:bharris@helenplum.org)

6/14/11