



Book Club Library Card Application

Book	Club Library Card #:			
Book	Club Name:			
Book	Club Library Liaison:			
	Las		First	Middle
Addre	ess:			
City:		State:	ZIP	:
Perso	nal Library Card #:		DL/State ID#:	
Home Telephone #:			Work #:	
Cell #	:			
DPL Home Branch:		Birt	ndate:	Gender: M F
E-mai	l:			
	se send me information about [DDL avants of interest	to book aluba	
			udent (School)	
	three additional Book Clube changed at any time)	ub members who	may also use this card	d (This is optional and
1.	Name:		Phone #: _	
2.	Name:		Phone #: _	
3.	Name:		Phone #: _	
	I agree to be the book o	club liaison to the	library for the book cl	ub listed above.
	I agree to use the tracki which books to, so that	• • • • • • • • • • • • • • • • • • • •	•	ook club members I give II be easier.
	I understand that the lo contact any branch of t	he Detroit Public I	ibrary if I need to rec	ials is eight weeks. I will quest more time, but





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	I understand that Book Club in a Bag materials may be returned to any branch of the Detroit Public Library, and I agree to return them inside of a library and not in a drop box to make sure that the bag and the books stay together.			
	I agree to return all of the books and materials together at the same time.			
	I understand that the bag and books are checked out to my Book Club. I agree that the members of the Book Club are responsible for the bag and its contents and will replace or pay for the replacement of any missing materials.			
	□ I agree to use our book club's library card myself or lend it only to the book club members indicated on this application. I will contact the Detroit Public Library to remove members from our account if they are no longer active members of our b club.			
Signat	ure: Date:			