Book Club Registration Form

Group Name	Today's Date (MM/DD/YYYY)
Meeting Schedule (if known, e.g. 2nd Tuesday of the month)	GDL Branch for Book Bag Pickup
Billing Address Street City State Zip Code	

Primary Book Club Contact

Name: _____

Phone: _____

e-mail*: _____

Library Card Barcode: _____

I understand that the Primary Book Club Contact is responsible for the use of this card, including any fines or fees incurred for late, lost, or damaged items. Additionally, I understand that the Primary Book Club Contact is responsible for keeping track of the use of this card. If the card is lost or stolen, I understand that the Primary Book Club Contact is responsible for all materials charged to this account until such a loss is reported to library staff. I also agree to give notice of any changes to the list of authorized users, Primary Book Club Contact information, or alternate contact person. The Book Club agrees to comply with the relevant GDL policies as published on the GDL's website (www.thegdl.org).

_____

Primary Contact's Signature

Alternate Book Club Contact

Name: _____

Phone: _____

e-mail*: _____

* E-mail addresses are used for notification of library related matters and are kept confidential. **Notification is much faster and more reliable with an e-mail address.**

Book Club Members

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