

ID # (last 6 digits)	APPLICATION FOR DELTA TOWNSHIP DISTRICT LIBRARY BORROWER'S CARD- Connect Card <i>Please Print Information Below</i>		<i>For office use only</i>
Last Name	First Name	Middle Initial	
Address	City		Zip Code
E-Mail Address	Phone Number		Date of Birth
RESPONSIBILITY STATEMENT: I assume all responsibility for damage or replacement of library materials while under loan to me. I also understand that borrowing privileges may be revoked if materials are returned late. I acknowledge these materials are for home or private use; not for public performance, and may not be duplicated. Any abuse of these rules is a violation of the copyright law. I understand that I may be asked at any time to show my library card.			
Signature			Date

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