



Black Watch
Memorial Library



Clinton-Essex-Franklin
Library System

Library Card Application

Circle Card Type:

Year-Round Resident Seasonal Resident Easy Access

Do you have a library card at any public library in Clinton, Essex or Franklin County? Yes or No

If yes, which library? _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____

Local Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing or Permanent address if different:

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Contact Number: () _____ ~ _____ Home Cell Work (circle one)

E-mail: _____

I understand that I am responsible for the use of my library card,
as detailed in the Black Watch Memorial Library's Borrowing Policy.

Signature: _____ Date: ____/____/____

Parent/Guardian Agreement

I assume responsibility for my minor child's card by signing below.

Signature: _____ Date: ____/____/____

Print Parent/Guardian Name: _____

Staff Use Only		
Entered by:	Date:	Edited: