



Black Watch
Memorial Library

Library Card Application



CEF
Library System

Circle Card Type:

Year-Round Resident

Seasonal Resident

Date of Birth: ____/____/____

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

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)

Email: _____

Check this box if you do not want to receive emails regarding library news and upcoming events.

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: _____

<i>Staff Use Only</i>			
Entered by:	Date:	Edited:	Email Added to Sheet: