



LINCC LIBRARY CARD APPLICATION

FIRST MIDDLE (FULL) LAST/SURNAME PREFERRED (FIRST NAME)

MAILING ADDRESS APT/UNIT

CITY STATE ZIP

HOME ADDRESS (IF DIFFERENT THAN ABOVE)

CITY STATE ZIP

PHONE BIRTHDATE PIN (4 DIGITS)

E-MAIL ADDRESS Please email me about library news and events! NOTICE PREFERENCE PHONE EMAIL TEXT

AGREEMENT: I understand that I am responsible for all use made of my library card and I agree to abide by library rules. This card may be used at all public libraries in Clackamas County. Policies and offered services vary between libraries. Information about a member's record cannot be given to anyone but the member.

APPLICANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN PRINT

BARCODE	IDENTIFICATION? YES / NO	PROOF OF ADDRESS? YES / NO	MAPPED? YES / NO
GN/NON-MIX/TEMP/PP	RESIDENCE AREA	NOTES	STAFF