



LINCC LIBRARY CARD APPLICATION



FIRST		MIDDLE		LAST	
MAILING ADDRESS					APT #
CITY		STATE		ZIP	
HOME ADDRESS (IF DIFFERENT THAN ABOVE)					
CITY		STATE		ZIP	
PHONE #		BIRTHDATE		PIN (4 DIGITS)	
E-MAIL ADDRESS		<input type="checkbox"/> Please E-Mail me about Library news and events		NOTICE PREFERENCE E-mail <input type="checkbox"/> Phone <input type="checkbox"/>	
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	ID			Proof of Address Yes No	
	RESIDENCE AREA	NOTES		STAFF	



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