



# LINCC LIBRARY CARD APPLICATION



FIRST MIDDLE (FULL) LAST PREFERRED (FIRST NAME)

MAILING ADDRESS APT #

CITY STATE ZIP

HOME ADDRESS (IF DIFFERENT THAN ABOVE)

CITY STATE ZIP

PHONE # BIRTHDATE PIN (4 DIGITS)

E-MAIL ADDRESS  Please E-Mail me about Library news and events NOTICE PREFERENCE  
E-mail  Phone

**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	MAPPED	Proof of Address Yes No
GN/NON-MIX/TEMP/PP	RESIDENCE AREA	NOTES	STAFF