



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



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