



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	<input type="checkbox"/> Please email me about library news and events!	NOTICE PREFERENCE <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> 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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