



LINCC LIBRARY CARD APPLICATION



FIRST	MIDDLE	LAST
MAILING ADDRESS		APT #
CITY	STATE	ZIP
HOME ADDRESS (IF DIFFERENT THAN ABOVE)		APT #
CITY	STATE	ZIP
PHONE #	BIRTHDATE	PIN (4 DIGITS)
E-MAIL ADDRESS		NOTICE PREFERENCE E-mail <input type="checkbox"/> Phone <input type="checkbox"/>
<p>AGREEMENT: I agree to be responsible for all materials checked out to my card with or without my consent and to observe library rules. Notify the library of any change to my address, and loss or theft of your card. Parents are responsible for materials checked out by their minor child. This card may be used at all public libraries in Clackamas County. Policies and offered services vary between libraries.</p>		
APPLICANT SIGNATURE:		DATE
PARENT/GUARDIAN SIGNATURE:		PARENT/GUARDIAN PRINT:
BARCODE	ID	METRO MAPPED
		Proof of Address Yes No
GN/NON-MIX/TEMP/PP	RESIDENCE AREA	NOTES
		STAFF