

**FRIENDS OF THE
CAMBRIA COUNTY LIBRARY
Membership Application
248 Main Street
Johnstown, PA 15901**

Name: _____
 Last First middle

Address: _____
 Street, PO Box City State Zip

Phone: _____ E-Mail: _____

Prefer newsletter via e-mail

New Member

Individual \$10.00

Are you willing to volunteer for Friends of the Cambria County Library? _____

Signature: _____

Date: _____

USSCO Federal Credit Union