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**FRIENDS OF THE  
 CAMBRIA COUNTY LIBRARY  
 MEMBERSHIP APPLICATION  
 248 Main Street  
 Johnstown, PA 15901**

Name: \_\_\_\_\_  
                     Last                    First                    Middle                    Last                    First                    Middle

Address: \_\_\_\_\_  
                                     Street/P.O. Box                                    City                                    State                                    Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Prefer Newsletter via e-mail

**New Member**

**Individual \$10.00 (Compliments of USSCO FCU)**

Are you willing to volunteer for Friends of the Cambria County Library? Yes / No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_