If you would like to become a member of the Johnstown Area Heritage Association and explore the Johnstown Discovery Network, please complete this form and mail it to:



J.A.H.A. P.O. Box 1889 Johnstown PA 15907-1889

| I would li | ke to become | e a new member | I would like to re | enew my membership |
|----------------|---|----------------------|-----------------------------|--------------------|
| Member 1 | | | | |
| Member 2 | | | | |
| | (For Student and Individual Memberships, list only one name.) | | | |
| For an Extend | ed Family Me | embership, please | list 2 additional adult mem | ber names. |
| Member 3 | | | | |
| Member 4 | | | | |
| Address | | | | |
| City | | State | | Zip |
| Phone | | Email | | |
| Please indicat | e desired Me | mbership Categor | у | |
| Student \$ | 25 | Family \$125 | Heritage \$250 | |
| Individual | \$70 | Large Family \$175 | Legacy \$500 | |
| Dual \$100 | | Extended Family \$17 | 5 | |
| Check E | inclosed For | \$ | | |
| Please (| Charge Card | Card Number | | |
| | | Expiration | CVV | |
| Authorized Si | gnature | | | |