**Cambria County Health and Welfare Council 2019 Membership Renewal Form**

-Membership dues are for the period January 2019 through December 2019. Membership on the council is on a year-by-year basis and is retained by payment of yearly dues at the start of the calendar year.

-Payment must be by check or money order only.

-If writing a personal check, please make sure that the name of your agency is noted in the memo section.

-If payment is not received by January 31, 2019, the agency/individual will be removed from the 2019 membership until payment is received.

**RETURN THIS FORM WITH YOUR CHECK.**

Fees for 2019 membership: $35.00 for an agency $20.00 for an individual

Please return this form with your payment.

Name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print the entire name of the agency – no acronyms please.**

Agency Members name (first and last) and email address: **Please print legibly.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remit to/make checks payable to: **Cambria Health and Welfare Council**

**P.O. Box 1056 Johnstown, PA 15907**

The Cambria County Health and Welfare Council is a network of human service agencies and professionals in Cambria County Pennsylvania committed to improving the quality of life for at-risk and vulnerable populations.