Dear Community Member:

Please accept this letter as an open invitation to join the Salt Lake County Homeless Coordinating Council. The Salt Lake County Homeless Coordinating Council feels that a successful COC should have year-round trainings, opportunities for open dialog that is inclusive to all community members, and other essential opportunities to help steer services in our community.

These are difficult tasks which are impossible to accomplish without a representative and engaged membership body. Please help us by joining the Salt Lake County Homeless Coordinating Council. Benefits to members include:

- **Voice.** The Salt Lake County Homeless Coordinating Council needs the input of a wide spectrum of providers in order to understand the always changing dynamic of needs and resources in the community.

- **Networking.** The Salt Lake County Homeless Coordinating Council provides members with an opportunity to network and provides members with a forum to identify gaps, and a chance to have an open dialogue.

- **Training Opportunities.** The Salt Lake County Homeless Coordinating Council will provide members with several training/best practice opportunities throughout the year.

- **Quarterly Newsletter.** Each quarter receive a newsletter highlighting agencies in our community, updates from local City, County, and State Government, along with a calendar of upcoming events.

A copy of the membership application form is enclosed for your convenience. Per the SLCHCC Bylaws we are accepting applications mid-year and will be prorating the membership for the remainder of the year. SLCHCC will again hold a membership drive for 2017 and will be

Sincerely,

Salt Lake County Homeless Coordinating Council
SALT LAKE COUNTY HOMELESS COORDINATING COUNCIL
Membership Application

Organization/Individual Name: ____________________________________________________________
Org Department (if applicable): __________________________________________________________
Address: ____________________________________________________________________________
City: __________________________ State: __________ Zip Code: __________________________

1. Voting Member: ______________________________________________________________________
   Phone Number: (____)___________________ E-mail: __________________________________________

2. Alternate Voting Member: ______________________________________________________________________
   Phone Number:(____)___________________ E-mail: __________________________________________

<table>
<thead>
<tr>
<th>Annual Membership Dues</th>
<th>Due Amount</th>
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<tbody>
<tr>
<td>Non-Profit Agency/Service Provider</td>
<td>$100</td>
</tr>
<tr>
<td>For-Profit/Government Entity</td>
<td>$150</td>
</tr>
<tr>
<td>Single Individual</td>
<td>$25</td>
</tr>
<tr>
<td>Formally/Currently Homeless Individual</td>
<td>$0</td>
</tr>
</tbody>
</table>

Please send this form and dues to:

Salt Lake County Homeless Coordinating Council
Attn: Meghan Mietchen
3595 South Main Street