

■ Weber/Morgan Local Homeless Council

MEMBERSHIP APPLICATION



WEBER-MORGAN
Local Homeless Council

Mission and Purpose

"We believe everyone in Weber and Morgan Counties deserves the dignity of a safe home. Through advocacy, education and data-driven collaboration — between neighbors, providers, and leaders — we help people stay in their homes, find housing quickly when they lose it, and never face homelessness again."

Please review this mission statement carefully to understand the commitment and impact of the council.

"The LHCs are counties or groups of counties designated by the Utah Homeless Network (UHN) and are the designated local oversight bodies that are responsible for:

- Developing a common agenda and vision for reducing homelessness in their respective regions
- Developing a spending plan that coordinates the funding supplied to local stakeholders
- Aligning local funding to projects that improve outcomes and target specific needs in the community (Workforce Services, Homeless Services).

Representative Information

Please provide the contact details for two representatives to vote on behalf of your agency.

Agency

Voting Member

Full Name

E-Mail

Title/Role

Phone Number

Designee

Full Name :

E-Mail :

Title/Role:

Phone Number :

Membership History and Interest

Please describe your history with LHC membership, including your level of participation in the past 2 years. (If you are new to the council, please share what interests you about joining.)



Membership Type

Please select the membership type you are applying for and review the responsibilities associated with each.

Voting Member

- Attending at least nine (9) in-person meetings per calendar year.
- Voting members have full voting rights in committee decision-making.
- Participation in at least one LHC subcommittee is encouraged but not required.

LHC Committee Member (Non-Voting)

- Participating in committee activities and supporting the mission
- No formal attendance requirements
- Committee members contribute valuable insight and work, but do not have voting rights.

Agreement and Signature

By submitting this application, I affirm that the information provided is accurate. I understand the responsibilities and expectations associated with my selected membership type and agree to actively participate in advancing the mission of the Local Homeless Council. I also affirm that I have read the WMLHC Bylaws and agree to abide by them.

Signature

Date

Thank you for your interest in joining the Local Homeless Council! We look forward to your participation and collaboration.