

## **SEMCOG Intergovernmental Agreement**

Send to:  
SEMCOG  
ATTN: Membership  
1001 Woodward Avenue, Ste. 1400  
Detroit, MI 48226  
[communications@semco.org](mailto:communications@semco.org)

**(Please return within two weeks of voting to join SEMCOG)**

WHEREAS, SEMCOG, the Southeast Michigan Council of Governments, has organized and has adopted Bylaws; and

WHEREAS, the \_\_\_\_\_ recognizes the benefits it may  
**(Governmental body)**

receive and the benefits that it may confer in voluntarily consulting with other units of local government in Southeast Michigan as to policies, problems, and plans that are of mutual interest and concern.

The \_\_\_\_\_ has voted to join SEMCOG on \_\_\_\_\_.  
**(Governmental body)** **(Date)**

Pursuant to this action, the following official representatives have been designated to the SEMCOG General Assembly which meets three times per year:

### **DELEGATE: (the delegate must be an elected official)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_  
**(Please note: E-mail is our primary form of communication)**

Preferred Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (include as many as you like)

Business/Office: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile/Text: \_\_\_\_\_

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**(continued)**

**ALTERNATE: (the alternate may be an elected official, staff, or individual selected by the member)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_  
**(Please note e-mail is our primary form of communication)**

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (include as many as you like)

Business/Office: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile/Text: \_\_\_\_\_

**Note regarding membership fees**

Membership fees shall be due and payable annually. A SEMCOG member may pay its membership fees either on the first day of the month following the anniversary date of its membership or on a date corresponding to the beginning of its fiscal year. Should you choose to pay dues on a date other than the first day of the month following your date of membership, an appropriate proration shall be made of the membership fees.

Please indicate who should receive the dues invoice:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (include as many as you like)

Business/Office: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile/Text: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Name and Title)**