

RESOLUTION NO. _____

A RESOLUTION OF THE *(name of municipality), (name of county)* COUNTY PENNSYLVANIA
AUTHORIZING THE *TYPE OF MUNI* TO BECOME A MEMBER OF THE CAPITAL REGION COUNCIL
OF GOVERNMENTS (CAPCOG).

WHEREAS, *(name of municipality)* desires to become a member of CapCOG; and

WHEREAS, the CapCOG offers its member municipalities a wide variety of programs and services; and

WHEREAS, the elected officials of *(name of municipality)* have read the Bylaws of the CapCOG and will designate a Delegate and Alternate who will attend the monthly meeting; and

WHEREAS, *(name of municipality)* will participate in paying the annual membership dues (\$1,600).

NOW THEREFORE, BE IT RESOLVED that the *(governing body type of name of municipality)* shall provide written notice of its intent to become a member of CapCOG.

BE IT FURTHER RESOLVED, that the municipal designee shall provide said notice to the CapCOG in accordance with its Bylaws

RESOLVED AND ENACTED this ____ day of _____, 20__

(GOVERNING BODY TYPE OF NAME OF MUNICIPALITY)

Chair

ATTEST:

Secretary

(SEAL)