BECOME A MEMBER

Please mail form, along with check, to:
Mayors Innovation Project, Suite 7122
1180 Observatory Drive
Madison, WI 53706

☐ City
☐ Village   of _____
☐ Town

Total Budget_____
Start of Fiscal Year_____
Budget proposal from mayor due_____

Mayor Name_____

Title_____

Address 1_____

Address 2_____   City_____

State_____   Zip_____   Phone_____

Email_____

Twitter handles_____

Date Sworn In_____

Date of Next Primary Election_____

Date of Next General Election_____

Term Length_____

Are You Term Limited?_____

(if yes) To How Many Terms?_____

(if yes) How Many Terms Left?_____

Scheduler/Assistant

Name_____

Title_____

Phone_____

Email_____

Lead Policy Contact

Name_____

Title_____

Phone_____

Email_____

Please share the top challenges your city faces (up to 3):

1.

2.

3.

Please share the top challenges you personally face as mayor (up to 3):

1.

2.

3.

How can we support you with these challenges?