BECOME A MEMBER



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

☐ City	Total Budget
☐ Village of	Start of Fiscal Year
□ Town	Budget proposal from mayor due
Mayor Name	
Title	
Address 1	
Address 2	City
StateZip	Phone
Email	
Twitter handles	
Date Sworn In	Are You Term Limited?
Date of Next Primary Election	(if yes) To How Many Terms?
Date of Next General Election	(if yes) How Many Terms Left?
Term Length	
Scheduler/Assistant	<u>Lead Policy Contact</u>
Name	Name
Title	Title
Phone	Phone
Email	Email

1. 2. 3. Please share the top challenges you personally face as mayor (up to 3): 1. 2.	
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