



Affiliated Organization Registration

For organizations raising funds for City operations, pursuant to MGO 4.29

File with the City Clerk's Office, 210 Martin Luther King Jr Blvd, Room 103, Madison, WI 53703

clerk@cityofmadison.com ♦ 608-266-4601

Affiliated Organization

Organization Name _____

Street Address _____

City, State, Zip _____

Contact Information

Contact Person _____

E-mail Address _____

Phone Number _____

Affiliation with the City

City Agency with which you are affiliated _____

Purpose of Funding _____

City Staff involved with this organization _____

Officers – List members of the organization's Board of Directors, employees, and officers

Name

Position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attestation and Signature

The statements made in this registration are true and correct to the best of my knowledge.

Signature _____ Date _____