

## Michigan Municipal League Supplemental Questionnaire

Name of municipality \_\_\_\_\_

Your name \_\_\_\_\_

Municipal position \_\_\_\_\_

Preferred title     Ms.     Miss     Mrs.     Mr.

Home address    Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number    (    ) \_\_\_\_\_

Daytime phone number    (    ) \_\_\_\_\_ Ext. \_\_\_\_\_

Preferred mailing address     Municipal address     Home     Other (please complete next two lines)

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email address\* \_\_\_\_\_ Fax number (    ) \_\_\_\_\_

\* Please provide your email address if you approve of the League's use of this email address for all League transactions.

Elected     Appointed

Most recent election date for your current elected municipal office \_\_\_\_\_

Election date in which you were first elected to a municipal office \_\_\_\_\_

Gender     Male     Female

Education     No college     Some college     Associate's degree

Bachelor's degree     Graduate degree

This information is requested to track demographic data in response to requests from public officials, public/private agencies, and the media.

Date of birth \_\_\_\_\_

Party preference     Democrat     Independent     Republican     Non partisan

Other \_\_\_\_\_

Race/national origin     African American     Asian     Caucasian     Hispanic     Native American

Other \_\_\_\_\_

Please return the completed form by email, fax, or mail to:

Email: [svasher@mml.org](mailto:svasher@mml.org)

Fax: 734-662-8083

Mail: Michigan Municipal League, P.O. Box 1487, Ann Arbor, MI 48106-1487

Phone: 734-662-3246; [www.mml.org](http://www.mml.org)