

Office Use Only

Council District #	
Date Received	
Date Input	

NEW MEMBERSHIP APPLICATION FOR COMMUNITY BOARD NO.

NOTE TO APPLICANTS: You must be a New York City resident to serve on a community board. To qualify for a particular board, you must live, work in, or have a professional or other significant interest in that board's district.

THIS APPLICATION MUST BE NOTARIZED AND RETURNED BY MAIL. DO NOT FAX OR EMAIL.

CONTACT INFORMATION

Please type or print clearly in ink. Do not leave any areas blank. If questions do not apply, indicate "n/a" or draw a slash through the section.

The Freedom of Information (FOI) law may allow for public review of this application upon request.

CONTACT IN ORMATION							
Mr.	☐ Ms.	☐ Mrs.	☐ Dr.	Othe	r		
NAME:	(First)						
	(First)		(Middle)			(Last)	
HOME ADD	RESS (INCLUDE A	APT. NO.)					
CITY				_ STATE		ZIP	
PHONE:	Home ()		Mobile ()		
	Work ()		Fax ()		
EMAIL:							
		EMPLOYM	IENT INFO	ORMATION	<u>l</u>		
EMPLOYER _							
YOUR TITLE/	POSITION						
EMPLOYER A	ADDRESS			CITY	ST	ZIP	
TELEPHONE	()			YEARS WI	TH EMPLO	YER	

NOTE TO APPLICANTS: Conflicts of Interest Board rulings require that applicants disclose whether they or their employers derive any income representing clients before the community board (i.e. attorneys, architects, consultants, etc.). These rulings do not automatically exclude one from board membership, but the information is essential.

COMMUNITY ACTIVITIES

LIST ALL CIVIC AND COMMUNITY ORGANIZATIONS, NEIGHBORHOOD ASSOCIATIONS AND/OR ANY OTHER GROUPS. (Please indicate if you hold any executive positions, including board of directors.)

ORGANIZATION	DATES	TITLES	ADDRESS	
,	ATION YOU BE	LIEVE WOULD	BE USEFUL IN CONSIDE	OARD MEMBER AND PROVIDE RING YOUR APPLICATION. (A
COMMUNITY INTEREST (check all that apply	y)		
LIVE IN DISTRICT	*WORK IN	DISTRICT 🗆	*PROFESSIONAL/	SIGNIFICANT INTEREST
* Please describe:				
NEIGHBORHOOD OF INT	EREST			
HAVE YOU ATTENDED A	MEETING OF	THIS COMMU	NITY BOARD IN THE PA	AST YEAR? YES \(\Bar{\text{NO}} \)
				MBER OF A COMMITTEE OF
HOW MANY HOURS PER	MONTH CAN	YOU DEVOTE	TO COMMUNITY BOAR	D ACTIVITIES?
HAVE YOU EVER SERVE				NO committee.
CB No. COUNTY DA	ATES SERVE	D	POSITION HELD	COMMITTEE
		 -		
		OADD MEMBE	TR VOLUMAY RE EYRE	ECTED TO SERVE ON 2 OR

MORE COMMITTEES. (Committees may vary with each community board)

REFERENCES

NAME	ADDRESS				
TELEPHONE ()	AFFILIATION/RELATIONSHIP				
NAME	ADDRESS				
TELEPHONE ()	AFFILIATION/RELATIONSHIP				
NAME	ADDRESS				
TELEPHONE ()	AFFILIATION/RELATIONSHIP				
explain on a separate sheet of paper and attach it to I am not employed by a Council Member whose di Borough President. I am not employed by the Stat Commissioner or have secured a mayoral waiver a hereto. I affirm that I am a New York City resident and that I	en convicted of a misdemeanor or felony. (If you have, describe and this application.) istrict covers parts of this community board district, or by the Brooklyn te or City of New York in a position at or above the level of Assistant allowing me to serve on a community board and have affixed a copy				
PRINT NAME					
SIGNATURE	DATE				
Sworn to before me this day of	, 20				
NOTARY PUBLIC or COMMISSIONER OF DEEDS					

The following sections are optional

The following information is requested to help ensure that community board composition adequately reflects the demographics of the area served. You are not required to answer these questions, but your response will help us ensure diverse and inclusive community boards.

Month of Bir	rth:						
Age Range: □ Under 18		□18-24	□25-44	□45-64	□ 65+		
Which of the	ese best descri	bes your gender?					
☐ Female	☐ Male	□Transgender	□Other				
Which of the	e following bes	t describes how yo	u identify? You	may check multip	le boxes.		
□ African American/Black □ Asian American/Pacific Islander □ Caribbean/West Indian □ Caucasian/White □ Latino(a)/Hispanic □ Native American/American Indian □ South Asian □ Other							
Do you have	any disabilitie	es? If yes, what typ	e of disability?				
Is there any	thing else you	would like our offic	e to know about	how you self-iden	tify?		
		e following substar		ivity would you pr	refer to be		
Sanita Arts & Consu	portation	Planning & 2 Planning & 2 Parks & Ho Parks & Rec Senior Citize	spital creation	Education Finance & B Public Safet Environmen	у		