



CITY OF NEW YORK

**MANHATTAN COMMUNITY BOARD 4**

330 West 42<sup>nd</sup> Street, 26<sup>th</sup> floor New York, New York 10036  
tel: 212-736-4536 fax: 212-947-9512  
www.nyc.gov/mcb4

**CHRISTINE BERTHET**  
Chair

**JESSE R. BODINE**  
District Manager

**APPLICATION/ RENEWAL  
FOR PUBLIC MEMBERSHIP**

Please return to the CB4 District Office by May 31st

*Please Print*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CB4's committees/taskforces are listed below with regular meeting information. Please mark your first preference with a **1**, your second preference with a **2**, etc. to the left of the committee name to the left of the committee name. Do **not** mark any committee/taskforce on which you are not willing to serve. You may mark just one.

**Committee Name**

**Meeting Info**

Business Licenses & Permits	2 <sup>nd</sup> Tues. of the month beginning at 6:30 PM
Chelsea Land Use	3 <sup>rd</sup> Mon. of the month beginning at 6:30 PM
Clinton/Hell's Kitchen Land Use	2 <sup>nd</sup> Wed. of the month beginning at 6:30 PM
Housing, Health & Human Services	3 <sup>rd</sup> Thurs. of the month beginning at 6:30 PM
Transportation Planning	3 <sup>rd</sup> Wed. of the month beginning at 6:30 PM
Quality of Life	1 <sup>st</sup> Mon. following Full Board at 6:45 PM
Waterfront and Parks	2 <sup>nd</sup> Thurs. of the month at 6:30 PM

The issues facing our neighborhood today that most concern you:

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I have worked to improve the quality of life in our neighborhood in the following way(s):

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I bring the following special training, skills, and experience to the committee:

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I understand that as a public member of a Manhattan Community Board 4 committee I will be expected to attend all regularly scheduled meetings and to actively participate in committee work and deliberations. I also understand that I may be removed from the committee if my attendance at meetings is irregular or for other reasons determined by the board chair.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by email to [jbodine@cb.nyc.gov](mailto:jbodine@cb.nyc.gov) or postal mail