



MELINDA KATZ
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CITY OF NEW YORK
OFFICE OF THE
PRESIDENT OF THE BOROUGH OF QUEENS
120-55 QUEENS BOULEVARD
KEW GARDENS, NEW YORK 11424

FOR OFFICE USE ONLY

Community Board #: _____

Last Name: _____

Council District: _____

NEW or RENEWAL
Please circle one.

COMMUNITY BOARD MEMBERSHIP APPLICATION

(Please note that some information given on this document may be subject to disclosure under the New York Freedom of Information Law, Public Officers Law Article 6. Please read instructions on reverse & print or type clearly.)

I am applying for membership on Community Board #: _____

NAME: (Mr. or Ms.) _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

PRESENT EMPLOYMENT: _____ CELL: _____ E-MAIL: _____

EMPLOYER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ POSITION: _____ DATES: _____

CAN YOU ACCEPT TELEPHONE CALLS AT WORK? YES NO

(If present employment is less than one year, also list previous employment) EMPLOYER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ POSITION: _____ DATES: _____

IF RETIRED, PLEASE CHECK:

EDUCATIONAL BACKGROUND: *(List most advanced degree received)*

SCHOOL: _____ DEGREE: _____ DATE REC'D.: _____

CHARACTER REFERENCES:

NAME: _____ ADDRESS: _____ TELEPHONE: _____

NAME: _____ ADDRESS: _____ TELEPHONE: _____

ORGANIZATIONAL AFFILIATIONS: *(Civic, Religious or other)*

NAME: _____ ADDRESS: _____ POSITION: _____

NAME: _____ ADDRESS: _____ POSITION: _____

NAME: _____ ADDRESS: _____ POSITION: _____

PUBLIC OFFICE HELD OR PRIOR COMMUNITY BOARD SERVICE:

TITLE: _____ DATES: (from - to) _____

TITLE: _____ DATES: (from - to) _____

NEW APPLICANTS: Please list committees you are interested in serving on; RENEWAL APPLICANTS: Please list committees on which you served. _____

I HEREBY ATTEST THAT ALL THE ABOVE INFORMATION IS TRUE.

SUBSCRIBED AND ATTESTED TO
BEFORE ME THIS _____ DAY OF
_____, 201 .

SIGNATURE OF APPLICANT

NOTARY PUBLIC

COUNCIL MEMBER'S SIGNATURE

INSTRUCTIONS:

1. PLEASE COMPLETE ALL SECTIONS TO THE BEST OF YOUR KNOWLEDGE.
2. IF YOU ARE AN EMPLOYEE OF THE CITY OF NEW YORK, PLEASE PROVIDE FULL NAME OF AGENCY, I.E. NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION.
3. ALL APPLICATIONS MUST BE NOTARIZED.
4. ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED FOR CONSIDERATION. APPLICATIONS FAXED WILL NOT BE CONSIDERED.

NOTE:

IF APPOINTED, YOU MAY BE SUBJECT TO INVESTIGATION BY THE NEW YORK CITY DEPARTMENT OF INVESTIGATIONS (D.O.I.). FAILURE TO COMPLY WITH A LAWFUL REQUEST FOR INFORMATION FROM D.O.I. WILL CONSTITUTE CAUSE FOR REMOVAL FROM THE COMMUNITY BOARD.

**UPON COMPLETION, RETURN TO:
BARRY GRODENCHIK, DIRECTOR OF COMMUNITY BOARDS
120-55 Queens Boulevard
Kew Gardens, New York 11424**