



Spring Valley Lake Association  
13325 Spring Valley Parkway  
7001 SVL Box  
Victorville, CA 92395-5107

## SPRING VALLEY LAKE ASSOCIATION COMMITTEE ASSIGNMENT APPLICATION

Please complete this application, attach a resume or other information you feel appropriate, and return to the Association Office.

I would like to serve as a member on the following committee(s).

Mark your choice. (X)

COMMITTEE NAME	MEETING TIMES (Subject to change)
<b><u>STANDING COMMITTEES</u></b>	
____ ARCHITECTURE	2 <sup>ND</sup> & 4 <sup>TH</sup> THURSDAY OF EACH MONTH: 3:00 PM
____ CITATION	1 <sup>ST</sup> & 3 <sup>RD</sup> TUESDAY OF EACH MONTH: 5:00PM
____ COMMUNICATIONS COMMITTEE	TBD
____ COMMUNITY EVENT TEAM	TBD
____ EQUESTRIAN ESTATES	3 <sup>RD</sup> TUESDAY OF EVERY MONTH: 6:00PM
____ LAKE	2 <sup>ND</sup> THURSDAY OF EACH MONTH: 6:30 PM
____ FINANCE COMMITTEE	TBD

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### **PLEASE PRINT AND COMPLETE ALL FIELDS OF INFORMATION**

Name: \_\_\_\_\_ Account # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Returning Committee Member \_\_\_\_\_ New Committee Member \_\_\_\_\_ Referred by \_\_\_\_\_

Please list any previous Spring Valley Lake Committee/Board experience, if any:

\_\_\_\_\_

\_\_\_\_\_

I want to become a member of this committee because:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please return this form to the Association Office*

Revised 10/12/23

Association Office – 760.245.9756  
Public Safety – 760.245.6400  
Fax – 760.245.3076  
Website – [www.svla.com](http://www.svla.com)