



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)
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STANDING COMMITTEES

- | | |
|---|--|
| <input type="checkbox"/> ARCHITECTURE | 2 ND & 4 TH THURSDAY OF EACH MONTH: 3:00PM |
| <input type="checkbox"/> CITATION | 1 ST TUESDAY OF EACH MONTH: 5:00PM |
| <input type="checkbox"/> COMMUNICATIONS COMMITTEE | 2 ND WEDNESDAY OF THE MONTH: 2:00 PM |
| <input type="checkbox"/> COMMUNITY EVENT TEAM | 1 ST TUESDAY OF EACH MONTH: NOON |
| <input type="checkbox"/> COMMUNITY PLAN | 3 RD THURSDAY OF EACH MONTH: 6:30 PM |
| <input type="checkbox"/> EQUESTRIAN ESTATES | 3 RD TUESDAY OF EVERY MONTH: 6:00 PM |
| <input type="checkbox"/> LAKE | 2 ND WEDNESDAY OF EACH MONTH: 6:30 PM |
| <input type="checkbox"/> FINANCE COMMITTEE | TBD |

PLEASE PRINT AND COMPLETE ALL FIELDS OF INFORMATION

Name: _____ Account # _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-mail Address _____

Street Address _____

Mailing Address _____

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

Please list any experience you have pertaining to the Committee you are applying for:

I want to become a member of this committee because:

SIGNATURE _____

DATE _____

Please return this form to the Association Office

Association Office – 760.245.9756
Public Safety – 760.245.6400
Fax – 760.245.3076
Website – www.svla.com