



**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)

<b>COMMITTEE NAME</b>	<b>MEETING TIMES (Subject to change)</b>
<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> TUESDAY OF EACH MONTH: 5:00PM
___ COMMUNICATIONS COMMITTEE	2 <sup>ND</sup> WEDNESDAY OF THE MONTH: 2:00 PM
___ COMMUNITY EVENT TEAM	TBD
___ COMMUNITY PLAN	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

**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 03/2/23

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