



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)
-----------------------	--

STANDING COMMITTEES

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

*Applicants CANNOT serve on the Architecture and Citation Committees simultaneously.

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:

DATE OF BIRTH – Month & Day Only (for internal purposes only) _____ / _____

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