

Spring Valley Lake Association **SVLA Club Application Form**

All groups who seek SVLA Club status must be non-profit with regulated SVLA membership. The club must complete the information below and provide SVLA with a Membership Roster including: member's name, physical address, membership status and signature.

In order to be considered for recognized status the club must be comprised of at least 75% SVLA members. SVLA must receive the requested information no later than 11 days prior to the Board meeting that month.

Club President:		
(Must be a SVLA Member in good standing)		
Club Name:		
SVLA Member's Physical Address:	Account #_	
SVLA Member's Mailing Address:	City:	State:Zip:
Phone: ()	Cell Phone: ()	#1000000 WENGER AND FOR HER STORE OF THE STORE STO
Email Address:		
Purpose of the Club:		
	vide an overview of your club proposal and ho	w it will benefit the
SVLA community.		
Please list the preferred meeting informa	tion:	
*Date(s) of meeting(s)	* Start & end time of meeting	r(s)
*Location of meeting(s)	Percentage of SVL Members	nip
*Based on availability		
Check list, please include all of the fo	llowing:ApplicationRoster	rProposal
I hereby certify that this club is comprised	entioned club and can make decisions regarding d of no less than 75% SVLA members on a cons ub applications will be processed by the SVLA s	istent basis as set out in
•	d of Directors for approval at the next regular	
	of the Board of Directors decision in writing.	
Club President Signature		Date
Office use only:		
Completed Application	Percentage of Members Verified	Staff Initials
Board Response		



Spring Valley Lake Association

	Name	Physical Address	Member	Signature	Office use only Account verified
Н			☐ Yes or ☐ No		
7	2		TYes or No		
m			Yes or No		
4			☐ Yes or ☐No		
5					
9			☐ Yes or ☐ No		
7			☐ Yes or ☐No		
Ø			☐ Yes or ☐No		
σ			☐ Yes or ☐No		
10			☐ Yes or ☐No		
11			☐ Yes or ☐No		
12			☐ Yes or ☐No		
13			☐ Yes or ☐No		
14			☐ Yes or ☐No		
15			☐ Yes or ☐ No		
16			☐ Yes or ☐No		
17			☐ Yes or ☐No		
18			☐ Yes or ☐ No		
19			☐ Yes or ☐ No		



Spring Valley Lake Association Group Membership Roster

FG				
	Physical Address	Member	Signature	Account verified
		☐ Yes or ☐ No		
			,	
		☐ Yes or ☐No		
		☐ Yes or ☐ No		
		Yes or No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
OMERICA CONTRACTOR OF THE PARTY		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐ No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
		☐ Yes or ☐No		
***************************************		Yes or No		