



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

**SPRING VALLEY LAKE ASSOCIATION
TASK FORCE APPLICATION
(5-Year Community Plan)**

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

MEETING TIMES (Subject to change)

5-Year Community Plan Task Force

Day and Time – 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 Task Force/Committee/Board experience, if any:

I want to become a member of this Task Force because:

SIGNATURE _____ DATE _____

Please return this form to the Association Office
either in person or by emailing admin@svla.com

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