



**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: 2:00 PM
___ CITATION*	1 <sup>ST</sup> TUESDAY OF EACH MONTH: 5:00PM
___ COMMUNICATIONS COMMITTEE	1 <sup>ST</sup> TUESDAY OF EACH MONTH: 6:30PM
___ COMMUNITY EVENT TEAM	1 <sup>ST</sup> TUESDAY OF EACH MONTH: 5:00PM
___ 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	1 <sup>ST</sup> TUESDAY OF EACH MONTH: 6:30PM
___ EVENT VOLUNTEER ONLY	

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

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**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** \_\_\_\_\_