



## Statement of Interest

### DESIGN REVIEW COMMITTEE

#### PLEASE PRINT

Name: \_\_\_\_\_ Address in StoneRidge \_\_\_\_\_

Mailing Address if different from above address: \_\_\_\_\_

If different how many months per year do you reside in StoneRidge: \_\_\_\_\_ Months

Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

How long have you been an owner in StoneRidge? \_\_\_\_\_

Past or Present Association Experience: \_\_\_\_\_

\_\_\_\_\_

Attach sheet for additional information if needed

Board of Director Experience: \_\_\_\_\_

\_\_\_\_\_

Attach sheet for additional information if needed

Business or Job Related Experience: \_\_\_\_\_

\_\_\_\_\_

Why would you like to serve your Community Association? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any potential or perceived conflict that you may have with the StoneRidge at Prescott Valley Community Association? \_\_\_\_\_ If yes, please explain on the back of the form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed Statement of Interest to Association Manager Kathy Wood at the Community Center or Mail to: 1300 StoneRidge Dr., Prescott Valley, AZ 86314**

**Thank you for your interest in serving your community!**