



Statement of Interest

FINANCE COMMITTEE

Thank you for your interest in serving your community

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? _____

Signature: _____ Date: _____

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