

Chapter Officers

Complete & Return Now & When Changes Occur
(Please Print)



I hereby certify that the following officers were elected by the _____ Chapter Name

Chapter on _____ / _____ / _____
Month Date Year

Secretary's Signature: _____ Date Submitted: _____ / _____ / _____
Month Date Year

■ PRESIDENT

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

■ _____ VICE PRESIDENT *(List additional Vice Presidents on a separate page and attach to this form)*

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

■ SECRETARY

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

■ TREASURER

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

■ SECRETARY / TREASURER

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

continued on reverse side

NATIONAL DIRECTOR *(Not required for Associate Chapter)*

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

ALTERNATE NATIONAL DIRECTOR *(Not required for Associate Chapter)*

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

NEWSLETTER EDITOR

Name _____ FMCA # _____

Date Taking Office _____ Phone Number _____

E-Mail _____

CHAPTER CONTACT INFORMATION *(As it should appear in the Chapter Directory of Family RVing magazine)*

Please be sure to list someone who will be able to respond to inquires and is readily available to answer chapter questions.

Name _____ FMCA # _____

Address _____ City/State / Zip _____

Start Date _____ Phone Number _____

E-Mail _____

Return to: Chapter Services
Family Motor Coach Association
8291 Clough Pike
Cincinnati, Ohio 45244

Permanent changes to membership files cannot be made from this form. Please encourage your members to keep their membership records current by contacting the Membership Department: 513-474-3622 or 800-543-3622, e-mail to addresschange@fmca.com, or make changes online at www.fmca.com