Chapter Officers



Complete and return now and when changes occur (Please Print)

I hereby certify that the following officers were elected by the				
	on _	MONTH	/	/
CHAPTER NAME				
SECRETARY'S SIGNATURE	Submitted:	MONTH	/	_ /YEAR
O No Officer changes				
President				
Name		FMCA # _		
Date Taking Office				
Phone Number	Email			
Vice President (List additional Vice	Presidents on a separate page and attach t	o this form.)		
Name		FMCA # _		
Date Taking Office	Title			
Phone Number	Email			
Secretary				
Name		FMCA # _		
Date Taking Office				
Phone Number	Email			
Treasurer				
Name		FMCA # _		
Date Taking Office				
Phone Number	Email			
Secretary/Treasurer				
Name		FMCA # _		
Date Taking Office				
Phone Number	Email			

National Director (Not require	ed for Associate Chapter)
Name	FMCA #
Date Taking Office	
Phone Number	Email
Alternate National Direct	Or (Not required for Associate Chapter)
Name	FMCA #
Date Taking Office	
Phone Number	Email
Newsletter Editor	
Name	FMCA #
Date Taking Office	
Phone Number	Email
Chapter Contact Informat	ion (As it should appear in the Chapter Directory of Family RVing magazine)
Please be sure to list someone who answer chapter questions.	o will be able to respond to inquires and is readily available
Name	FMCA #
Address	
City/State/Zip	Start Date
Phone Number	Email

Return Completed form 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