Chapter Officers

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

I hereby certify that the following officers were elected by the

_____ on _____ /_____/ _____

CHAPTER NAME MONTH DATE YEAR

_____ Submitted: _____ /_____/ _____

SECRETARY'S SIGNATURE MONTH DATE YEAR

President (options have changed – please select carefully)

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

Vice President (List additional Vice Presidents on a separate page and attach to this form.)

Name _____ Member # _____

Date Taking Office _____ Title _____

Phone Number _____ Email _____

Secretary

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

Treasurer

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

Secretary/Treasurer

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

National Director

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

President/National Director (Combined Positions)

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

Alternate National Director (*OPTIONAL*)

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

Newsletter Editor

Name _____ Member # _____

Date Taking Office _____

Phone Number _____ Email _____

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 inquiries and is readily available to answer chapter questions.

Name _____

Member # _____

Address _____

City/State/Zip _____

Start Date _____

Phone Number_____ Email_____

Mail completed forms to:

Chapter Services; Family RV Association; 8291 Clough Pike; Cincinnati, OH 45244