

FAMILY CAMPERS AND RVers

CHAPTER ROSTER FORM FOR THE YEAR \_\_\_\_\_

Following chapter elections, please complete this form. Return completed form to your District Director or State Director for membership verification.

PLEASE PRINT OR TYPE COMPLETE ADDRESSES

CHAPTER NAME \_\_\_\_\_ CHAPTER NUMBER \_\_\_\_\_

**PRESIDENT** \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**VICE PRESIDENT** \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**SECRETARY** \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**TREASURER** \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**CHAPTER DELEGATE** \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**CONSERVATION** \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF FAMILIES IN CHAPTER \_\_\_\_\_  
NUMBER OF TEENS IN CHAPTER \_\_\_\_\_ NUMBER OF YOUTH IN CHAPTER \_\_\_\_\_  
MONTHLY MEETING DATE \_\_\_\_\_ PLACE \_\_\_\_\_  
REGULAR MONTHLY CAMPOUT WEEKEND \_\_\_\_\_

**Your Chapter may not have all of these officers, but please list ones that you do have.**

**PLEASE LIST NAMES AND ADDRESSES OF ALL CHAPTER MEMBERS ON SECOND PAGE.**  
PHOTOCOPY SECOND PAGE AS NEEDED TO REPORT ALL MEMBERS.

PLEASE LIST NAME AND ADDRESS OF ALL FCRV MEMBER FAMILIES

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_

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E-Mail \_\_\_\_\_

**MEMBERSHIP CHECKED** \_\_\_\_\_