

Rev. July 2018



FAMILY CAMPERS & RVers **DISTRICT DIRECTORS APPOINTMENT - RELEASE FORM**

NAME(S):			FCRV MEMBERSHIP#
Addi	RESS:		
PHONE:			EMAIL:
Position:			DATE OF APPOINTMENT:
1. 2. 3. 4. 5. 6. 7. 8. 9.	Receive reports from Field Director File a report with the State Director 15 - October 15) relating information Hold meetings with your Field Director Keep your field manual up to date. Attend at least two of the three field Other duties as required periodically I (we) hereby acknowledge and under the state of the	trict by letter. Field Directors it is in your District on or before the on from your Field staff meetings at y by State Direct lerstand that this	included with membership information. t on or before appropriate reporting dates. required reporting dates (February 15 - May ld Directors reports. em updated on NCHA/FCRV policy. and/or training weekends per year.
Date:			
and ed	I (we) hereby request to be released quipment of the organization.	of our duties as	Field Staff and will return all pertinent files
Date:		-	
	ASE DATE:	~~~~~~	State/Provincial Director