

FMCA is now **Family RV Association** — same great RV community, bold new direction!

February 13, 2025

Dear Governing Board Members:

Subject: Review Council Election (2025-2027 term)

In accordance with the Policies and Procedures, National Directors shall submit names of recommended candidates to be considered to serve on the Review Council. As stated in FMCA's Bylaws, the Review Council shall consist of five members whose term of service shall commence following the Annual Membership Meeting in odd-numbered years. As such, successful candidates shall be elected for a two-year term. Please note the following procedures:

- Submit nominations on the included form to the National Office no later than APRIL 30, 2025.
- Election by the Executive Board will be held at the first Executive Board meeting following the Annual Membership Meeting on July 19, 2025. The five individuals receiving the highest number of votes shall constitute the Review Council. The Chairman of the Review Council shall be the person receiving the highest number of votes.
- The election results will be announced by mail.

If you have a prospective candidate and feel you need more information as to what the position entails, consider reviewing FMCA's Bylaws, and Policies and Procedures, on FMCA.com under Documents and Forms. If you have any questions, please contact chapters@fmca.com, or call the Chapter Services Department at the National Office at 513-474-3622 or 800-543-3622.

Sincerely,

Management Committee

Attachments: Guidelines and Format of Candidate's Resume

Nomination and Consent Form

cc: Chapter Presidents

Chapter Alternate National Directors

FRVA.com | FamilyRVingmag.com



REVIEW COUNCIL NOMINATION AND CONSENT FORM

(please print)

Nominee's Name					
Nominee's FRVA Member Number					
Nominated by:		Natio	ational Director's Name		
FRVA Member Num	ber	Date	·		
Name of Chapter					
A nomination may be submitted The nominee is required to subm	section below.				
I hereby accept the nomination of a elected, will perform the duties, and my ability. I agree to abide by the F Procedures. I am submitting a result shows activities similar to those of the accuracy of this resume.	d accept the respons MCA Constitution, Na Ime of my Family RV	mber for a two-y ibilities of the co ational Bylaws a Association bac	ouncil to the nd Policies kground th	e best of and at	
Candidate's Name					
Candidate's Signature					
Street Address					
City	State	Zip Code			
Primary Phone ()		a cell	□ home		
Secondary Phone home			_()	□ cell	
F-mail Address					

SUBMIT FORM AND RESUME NO LATER THAN APRIL 30, 2025

☐ E-mail: chapters@fmca.com ☐ Fax: 513-474-2332

Mail: FRVA, Attn: Chapter Services 8291 Clough Pike, Cincinnati, OH 45244