

MEMBERSHIP AFFILIATION FORM

I, _____ REQUEST THAT MY
State Membership affiliation be transferred from _____ to
State/Province

_____. I understand this will not
State/Province
affect my mail service from FCRV to my residence address.

Signed: _____

Date: _____

Address: _____ City _____

State/Province _____ Zip/Code _____

**Mail to: Family Campers and RVers, 4804 Transit Road Building #2,
Depew, New York 14043-4704**