



**National Capital Area**  
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Dear Board Member,

I understand that it is my privilege and responsibility to attend all regular chapter program meetings of the organization

I understand that if I am elected to the Board of Directors of the FPA of National Capital Area Chapter, I shall be required to attend all Board Meetings. Exceptions may be made for unavoidable circumstances.

Meetings are held no less than four 4 times per year with an occasional special Board Meeting. I recognize that meetings may sometimes be held at a time and place inconvenient to me.

I understand that if I miss more than three (3) consecutive Board Meetings, I shall automatically exclude myself from continuing as a Board Member, unless, because of extenuating circumstances, a majority of the Board agrees to my continuing as a Board member.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)