

**CREDIT PROFESSIONALS INTERNATIONAL**

**LOCAL ASSOCIATION CHANGE OF OFFICER FORM**

Please use this form to report **your Local Association's 2002/2003 Officers**. We need this official report for your permanent Local Association file. Be sure to fill out both sides of this form. **Until this form is received in the Corporate Office, mail will continue to be sent to the 2001/2002 Local Association President. Please send a copy of this form to your District President and State President (if applicable).**

**Name of Local Association:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Date of Election:** \_\_\_\_\_ **Date Officers Begin:** \_\_\_\_\_

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**President:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

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**1st Vice President:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

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**2nd Vice President:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

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**3rd Vice President:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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**Secretary:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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**Treasurer:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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**Other Officer:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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**Other Officer:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Mail or Fax form to:                      Credit Professionals International**

**525-B N. Laclede Station Road**

**St. Louis, MO 63119**

**Phone: (314) 961-0031**

**Fax: (314) 961-0040**