

**CREDIT PROFESSIONALS INTERNATIONAL  
LOCAL ASSOCIATION CHANGE OF OFFICER FORM**

Please use this form to report your Local Association's 2011/2012 Officers. We need this official report for your permanent Local Association file. Be sure to fill out both pages of this form. **Until this form is received in the Corporate Office, mail will continue to be sent to the 2010/2011 Local Association President. Please send a copy of this form to your District President and State President (if applicable).**

**Also, please send a current copy of your local's current Bylaws and Standing Rules with this form.**

**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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**OVER**

**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**  
**10726 Manchester Road, Ste. 210**  
**St. Louis, MO 63122**  
**Phone and Fax: (314) 821-9393**  
**Email: [creditpro@creditprofessionals.org](mailto:creditpro@creditprofessionals.org)**