

**CREDIT PROFESSIONALS INTERNATIONAL
PERSONAL DATA FORM
DIRECT MEMBERSHIP**

Ms./ Mrs./ Mr. First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____ Informal Name: _____

Designation/Certification: _____ Work Title: _____

Home Address:

Street Address or PO Box

City, State, and Zip

(_____) _____
Home Phone Number

(_____) _____
Cell Phone Number

E-mail Address

Work Address:

Company Name

Street Address or PO Box

City, State, and Zip

(_____) _____
Work Phone Number

(_____) _____
Fax Number

For all mailings please use my: _____ home address _____ work address

Publication in the directory, please use my: _____ home address _____ work address

Age range:

20-40

40-60

Over 60

How did you find out about CPI? _____

What year did you join CPI? _____

Spouse's Name _____

Birthday (month and day) _____

Please return this form with dues bill and payment to:

**Credit Professionals International
10726 Manchester Road, Ste. 210
St. Louis, MO 63122
Phone and fax: 314-821-9393
e-mail: creditpro@creditprofessionals.org**