

**CREDIT PROFESSIONALS INTERNATIONAL
PERSONAL DATA FORM**

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

Last Name: _____ Suffix: _____ Informal Name: _____

Designation/Certification: _____ Work Title: _____

Home Address:

Work Address:

Street Address or PO Box

Company Name

City, State, and Zip

Street Address or PO Box

(_____) _____
Home Phone Number

City, State, and Zip

E-mail Address

(_____) _____
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

Please check the description that best fits the company at which you are employed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Association | <input type="checkbox"/> Automotive |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Banking | <input type="checkbox"/> Collection Agency |
| <input type="checkbox"/> Commercial Credit | <input type="checkbox"/> Construction | <input type="checkbox"/> Credit Bureau |
| <input type="checkbox"/> Credit Card Company | <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Finance Company | <input type="checkbox"/> Florist |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Government | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Mortgage Company | <input type="checkbox"/> Petroleum | <input type="checkbox"/> Professional Speaker |
| <input type="checkbox"/> Publishing/Newspaper | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Savings & Loan | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Title Company | <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Other (please specify) _____ | | |

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**