

**CREDIT PROFESSIONALS INTERNATIONAL  
STATE CHANGE OF OFFICER FORM**

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

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

State: \_\_\_\_\_ 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 Rd., Suite 210**  
**St. Louis, MO 63122**  
**Phone and fax: (314) 821-9393**  
**E-mail: [creditpro@creditprofessionals.org](mailto:creditpro@creditprofessionals.org)**