

**CREDIT PROFESSIONALS INTERNATIONAL
MEMBERSHIP APPLICATION//PERSONAL DATA FORM**

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:

Membership Type:

13 – 20

Local Member

21-40

Direct Member

40-60

At –Large Member

Over 60

Student Member

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

PO Box 220714

St. Louis, MO 63122

Phone: 314-821-9393

e-mail: creditpro@creditprofessionals.org