

# Change of Name/Address/ Status Report



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Chapter No. \_\_\_\_\_

\_\_\_\_\_ Date

Name of Chapter or Division \_\_\_\_\_

Location \_\_\_\_\_

Change Name

Change of Status

ID Number \_\_\_\_\_

Change Address

Student to Professional

Phone: Work \_\_\_\_\_ / \_\_\_\_\_

Change Phone No.

Deceased \_\_\_\_\_  
Date of Death

Home \_\_\_\_\_ / \_\_\_\_\_

Change E-Mail

Fax \_\_\_\_\_ / \_\_\_\_\_

Officer \_\_\_\_\_

E-Mail \_\_\_\_\_

## Please Type or Print

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Please indicate if CPS® or CAP® holder

Previous Name

Address: check preferred

Business

Home

Company Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ ST/PR \_\_\_\_\_

City \_\_\_\_\_ ST/PR \_\_\_\_\_

ZIP/PC \_\_\_\_\_ Country \_\_\_\_\_

ZIP/PC \_\_\_\_\_ Country \_\_\_\_\_

Check if you do **NOT** wish to receive nonassociation mail.

### Distribution:

Headquarters—Kansas City

Division Treasurer

District Director (Division Officer changes only)

Signed

\_\_\_\_\_ Treasurer

\_\_\_\_\_ Address