

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 _____ / _____

Officer _____

Fax _____ / _____

Please Type or Print

First Name _____

Last Name _____

Please indicate if CPS® or CAP^{CM} holder

E-Mail _____

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