



CHANGE TO LIST OF OFFICIALS

PLEASE PRINT

Name of credit union: _____

Position title: _____

Name of individual who has left this position: _____

Name of individual appointed to this position: _____

Mailing address: _____

City, state, ZIP: _____

Date appointment takes effect: _____ Term expires: _____

Position title: _____

Name of individual who has left this position: _____

Name of individual appointed to this position: _____

Mailing address: _____

City, state, ZIP: _____

Date appointment takes effect: _____ Term expires: _____

Information submitted by (print name): _____

Title: _____

Signature: _____ Date: _____