



CHAPTER OFFICIALS & PARTICIPATING CREDIT UNIONS

Chapter: _____ Date Submitted: _____

CHAPTER OFFICERS

President

Name: _____ Credit union affiliation: _____

Email Address: _____ Phone number: _____

Address: _____

Vice-President

Name: _____ Credit union affiliation: _____

Email Address: _____ Phone number: _____

Address: _____

Treasurer

Name: _____ Credit union affiliation: _____

Email Address: _____ Phone number: _____

Address: _____

Secretary

Name: _____ Credit union affiliation: _____

Email Address: _____ Phone number: _____

Address: _____

Please email completed form to chaptersinquiry@crossstate.org.

CHAPTER DIRECTORS

Name _____ Credit union affiliation: _____
Email Address: _____ Phone number: _____
Address: _____

Name _____ Credit union affiliation: _____
Email Address: _____ Phone number: _____
Address: _____

Name _____ Credit union affiliation: _____
Email Address: _____ Phone number: _____
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Address: _____

Name _____ Credit union affiliation: _____
Email Address: _____ Phone number: _____
Address: _____

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MEMBER CREDIT UNIONS & PARTICIPATING VENDORS

Please email completed form to chaptersinquiry@crossstate.org.