



STATE OF MISSOURI
 DIVISION OF CREDIT UNIONS
INTERIM NOTIFICATION OF CHANGES IN OFFICIALS

PRINT OR TYPE
 THIS FORM DOES NOT REQUIRE AN ACCOMPANYING LETTER.
 LEAGUE MEMBERS SHOULD ALSO NOTIFY MCUL

RETURN COMPLETED FORM TO:
 DIVISION OF CREDIT UNIONS
 P.O. BOX 1607
 JEFFERSON CITY, MO 65102

NAME	TELEPHONE NUMBER		ADDRESS			E-MAIL ADDRESS
	WORK	HOME	STREET	CITY	STATE	

HEREBY ACCEPT THE OFFICE(S) AS SHOWN BELOW OF THE

CREDIT UNION AND SOLEMNLY SWEAR THAT I (WE) WILL FAITHFULLY AND TRUTHFULLY
 PERFORM ALL THE DUTIES IMPOSED UPON ME (US) AS SUCH OFFICER(S).

SIGNATURE(S)	REPLACES	IN THE POSITION OF

THEN PERSONALLY APPEARED THE ABOVE NAMED OFFICIAL(S) AND TOOK THE FOREGOING OATH BEFORE ME.

NOTARY PUBLIC EMBOSSER SEAL	STATE	MISSOURI	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			