



SOCIETY OF FINANCIAL EXAMINERS®

Application for Reinstatement of AFE, AES, or CFE Membership Designation

Applies only to memberships which expired within 5 years of the current date

Name: _____ Agency: _____

Address: _____

Street

City

State

Zip

E-Mail

Phone

I hereby apply for reinstatement of my membership designation with the Society of Financial Examiners:

Discipline: (circle one) Insurance Financial Institutions

Designation: (circle one) AFE CFE AES Regulator [] Non-Regulator []

Membership expired/designation suspended on _____ due to the following reasons:

OATH

I affirm that I have read and comprehend the [Society of Financial Examiners Code of Ethical Conduct](#) and I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for reinstatement of my designation.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society. I agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving and criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society.

Name (please print) Date

Signature

Reinstatement is contingent upon recommendation by the Membership Committee and subsequent approval by the Executive Committee and/or Board of Governors. In addition, the following must be complied with:

1. **Payment of all dues at current rates in arrears since expiry of membership.**
2. **Payment of a processing fee for reinstatement in the amount of \$100.00.**
3. **Evidence of employment in discipline during interim, e.g., resume and letter from employer.**
4. **Documentation of continuing education (reported on CRE reporting forms), including proof of attendance since your membership expired.**

Return Completed Form by E-Mail to sofe@sofe.org or Fax to 1-414-768-8001 along with Credit Card Form.

7044 S 13th St., Oak Creek, WI, 53154, (800) 787-SOFE



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Credit Card Form

Number of years _____ x \$ _____ (dues) = \$ _____ + \$100.00 (processing fee) = \$ _____ (total enclosed)

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose – Reinstatement of Designation Application Fee and Annual Dues

Amount to be Charged \$ _____

CC: ___ AMX ___ VISA ___ MC Exp. Date ___/___

Card Number _____

Signature _____

Please submit this form and all supporting documentation with your application.