



SOCIETY OF FINANCIAL EXAMINERS®

Application for Reinstatement
From Retired Status

Name: _____ Agency/Contract Firm: _____

Address: _____
Street

City State Zip

Work E-Mail Address Work Phone

Personal E-Mail Address Personal 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 changed to retired status on _____.

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 membership.

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 current dues at reinstated rate, i.e. if you are an AFE, dues are \$90; if you are a CFE, dues are \$100.
2. Payment of a processing fee for reinstatement in the amount of \$35.00.
3. Proof of employment in your discipline, i.e. a letter from your employer or contractor.

Please include supporting documents with this form. Incomplete applications will not be processed.



SOCIETY OF FINANCIAL EXAMINERS[®]

**Application for Reinstatement
From Retired Status**

Credit Card Form

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose – Reinstatement from Retired Status Application Fee

Amount to be Charged \$ 35.00

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

Card Number _____

Signature _____

Please submit this form with your application.