



**SOCIETY OF FINANCIAL EXAMINERS<sup>®</sup>**

**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.*

**Return Completed Form by E-Mail to [sofe@sofe.org](mailto:sofe@sofe.org) along with Credit Card Form. Or Mail Check to Society of Financial Examiners, 3505 Vernon Woods Dr., Summerfield, NC 27358**



**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 \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Billing address for card:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit this form with your application.*