

✓Regulatory Membership Application:

Society of Financial Examiners
174 Grace Blvd.
Altamonte Springs, FL 32714
(800) 787-SOFE

This application is intended for professional regulators, attorneys, actuaries, market conduct examiners, financial institution professionals, and other positions which assist in the regulatory process who are not able to join otherwise because they have never been financial examiners. THIS APPLICATION IS NOT FOR FINANCIAL EXAMINERS OR FINANCIAL RATING/ANALYST.

I support the Society and its programs and hereby authorize you to nominate me to become a Regulatory Member.

I understand that my name will be submitted to the Executive Committee of the Society at its next regularly scheduled meeting. Enclosed is my annual membership fee of \$65 plus a one-time, non-refundable application fee of \$35 for a total of \$100.

I understand that depositing my payment by SOFE does not signify approval of my application.

Name _____

Title _____

Preferred Mailing Address: Home Business

Agency Name _____

Agency Address _____

City, State, Zip _____

Phone (_____) _____

Fax (_____) _____

Email _____

Home Address _____

City, State, Zip _____

Phone (_____) _____

Signature _____

Annual Regulatory Membership Fee is \$65

Payment of organizational dues is generally deductible as an ordinary and necessary business expense.

Contributions or gifts are generally not deductible as charitable contributions for federal income tax purposes. Federal Tax ID # 23-7327434

