



# SOCIETY OF FINANCIAL EXAMINERS<sup>SM</sup>

## Society of Financial Examiners Application for Reinstatement From Retired Status

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Email Address

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

**Discipline:** (circle one) **Insurance**      **Financial Institutions**      **Credit Unions**

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

**Membership changed to retired status on** \_\_\_\_\_ .

Have you been indicted, charged, arrested, or convicted of any felony involving dishonesty, breach of trust or moral turpitude by a county, state, or federal body during the period since your membership in the Society?      Yes [ ]    No [ ]

Have you been named or found guilty in a civil action involving financial dishonesty or breach of trust during the period since your membership in the Society?      Yes [ ]    No [ ]

If you answered "Yes" to either question above, please submit a copy of the formal allegation/charges/conviction, ect., with your application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Reinstatement is contingent upon recommendation by the Reinstatement 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.**

Return application and reinstatement fees to: Reinstatement Committee, Society of Financial Examiner, 174 Grace Blve., Altamonte Springs, FL 32714.