



Society of Financial Examiners®
General Membership Application

Name _____ Job Title _____

Please check the address where you wish to receive Society correspondence Office Home

Complete the following by checking all applicable boxes and filling in all blank areas. Incomplete applications will not be processed. (PLEASE PRINT OR TYPE)

I hereby certify that I:

am currently have been a financial examiner in the insurance discipline financial analyst in the insurance discipline

directly employed under contract directly with the following state, territory or federal agency from (MO/DY/YR) _____ to (MO/DY/YR) _____

Name of Agency _____ Phone _____

Address _____ City _____ State _____ ZIP _____

My job title is (was) _____

Job description and principal duties _____

Highest level of education completed:

High School Junior College Undergraduate Degree Graduate Degree

List all professional certifications received _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? No Yes

If yes, please describe _____

How did you hear about the Society of Financial Examiners and what prompted your interest to join? _____

Home Address _____

Home Phone (_____) _____ E-Mail _____

Please indicate in which discipline you are employed: Credit Union Insurance Financial Institutions

Applicant's Signature _____

Supervisor's Verification: To be completed by the Insurance Commissioner, Deputy Commissioner, Chief Examiner, or Director of Financial Institution; or any Assistant Chief Examiner or Assistant Director; or Examination Contract Firm Supervisor.. I, _____, have reviewed the preceding portion of this application of

_____. The answers therein are true to the best of my knowledge and belief.

Date _____ Title _____ Signature _____

Annual Membership dues are \$65. One-time, non-refundable application Fee for Processing is \$35. Please enclose a check for \$100 made payable to The Society of Financial Examiners.

Applications are sent to the Membership Committee for review and consideration. Please allow at least four weeks for processing.

Depositing your payment for membership does not signify automatic approval of your membership application. If an application is not approved, the dues payment will be refunded in full.

Mail completed form to SOFE, 12100 Sunset Hills Rd., Suite 130, Reston, VA 20190