



SOCIETY OF FINANCIAL EXAMINERSSM

Regulatory Membership Application

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

Mail completed form to SOFE, 12100 Sunset Hills Road, Ste 130, Reston, VA 20190