



SOCIETY OF FINANCIAL EXAMINERSSM

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: Society of Financial Examiner, 12100 Sunset Hills Road, Ste 130, Reston, VA 20190.