Institution Membership

The Society of Financial Examiners was incorporated in 1973 for the expressed purpose of establishing “a high professional standard for members engaged in the examination of insurance companies, credit unions and financial institutions.”

The Society has promoted uniform ethical standards for its members, developed educational and training programs especially for the complicated field of financial examination and established nationally recognized accreditation and certification programs. With a membership of over 1,600 the Society’s three professional designations are nationally recognized.

The Society offers the Accredited Financial Examiner (AFE) designation, the Certified Financial Examiner (CFE) designation, and the Automated Examination Specialist (AES) designation. Each of these designations has a high level of experience and education requirement including the successful completion of a series of examinations.

The members of the Society’s Board of Governors and its Executive Committee are pleased to offer the Institution Membership program. Through this program members of the insurance community who might not otherwise qualify for membership are invited to join the Society. This allows firms, who support the programs and objectives of the Society, the opportunity to become members.

Institution membership gives leading professional insurance firms the opportunity to be affiliated with and to become active participants in the Society of Financial Examiners.

Institution members are entitled to all the rights of membership except those related to voting or holding any office within the Society. These benefits include:

- The 'Insight” – a bi-monthly publication packed with news on current issues of interest to members

- The Examiner® - a quarterly journal designed to keep you up-to-date on issues of interest to professionals of financial examination. With the Examiner, you have the opportunity to publish articles in your area of expertise. The firm may receive up to 10 copies of each issue.

- Annual Career Development Seminar designed to enhance the professionalism of Society members through in-depth learning sessions on current issues in financial examination. All employees of the firm may attend at the member rate.

- Training sessions conducted at the quarterly NAIC meetings specifically for SOFE members.
Application

On behalf of the firm name below, I confirm that we support the Society and its programs and hereby authorize you to nominate the firm to become an Institution member. I understand that the firm’s name will be submitted to the Executive Committee of the Society at its next regularly scheduled quarterly meeting.

Enclosed are the annual membership dues of $1,000. I understand that depositing this payment by SOFE does not signify approval of the firm’s application.

Print Name _____________________________________________________________

Title _________________________________________________________________

Company Name _______________________________________________________

Company Address _____________________________________________________

City/State/Zip _________________________________________________________

Phone (___)________________________ Fax (___)___________________________

Email: ______________________________________________________________

ANNUAL INSTITUTION MEMBERSHIP FEE: $1,000.00

Nominate by ___________________________________________________________

Phone (___)___________________________________________

Email: ______________________________________________________________

Payment of organizational dues is generally deductible as ordinary and necessary business expense. Contributions or gifts are generally not deductible as charitable contributions for federal income tax purposes.

Please submit completed form with payment to SOFE, 3505 Vernon Woods Dr, Summerfield, NC 27358
Credit Card Form

Date: ____________________________

Name:_______________________________________________________________

Phone______________________________________________________________

E-Mail________________________________________________________________

Purpose __ ANNUAL INSTITUTION MEMBERSHIP FEE: $1,000.00

Amount to be Charged $1000

CC:  AMX  VISA   MC  Exp. Date_  /  ___Card

Number______________________________

Security Code ____________

Signature_________________________________

Billing Address for Card:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please submit Application with this form.

Return Completed Application Form with Credit Card Payment Information to Rhenda@sofe.org or mail to 3505 Vernon Woods Drive, Summerfield, NC 27358