



SOCIETY OF FINANCIAL EXAMINERS®

Associate Membership Application

The Society of Financial Examiners (SOFE or the Society) was incorporated in 1973 for the expressed purpose of establishing “a high level code of professional standards for members engaged in the examination or analysis of 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 requirements 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 Associate 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 those individuals who have never been financial examiners, but who support the programs and objectives of the Society, the opportunity to become members.

Associate membership gives leading executives and other business professionals the opportunity to be affiliated with and to become active participants in the Society of Financial Examiners.

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

- ◆ A handsome plaque which you can proudly display to demonstrate your support of the Society.
- ◆ ”The Insight” – a bi-monthly publication packed with news on current issues of interest in financial examination and issues involving the NAIC, CSBS, and NASCUS.
- ◆ 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.
- ◆ Annual Career Development Seminar designed to enhance the professionalism of Society members through in-depth learning sessions on current issues in financial examination.
- ◆ Training sessions conducted at the quarterly NAIC meetings specifically for SOFE members.
- ◆ An annual listing of your membership in the Examiner® journal.
- ◆ Participation at state chapter meetings of SOFE.

**Return Completed Form by E-Mail to sofe@sofe.org or
Mail Check to Society of Financial Examiners, 3505 Vernon Woods Drive, Summerfield, NC 27358**



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I support the Society and its programs and hereby authorize you to nominate me to become an Associate member.

I understand that my application is contingent upon the recommendation of the Membership Committee and subsequent approval by the Executive Committee and/or Board of Governors. Enclosed is my annual membership fee of \$250. I understand that depositing my payment by SOFE does not signify approval of my application.

Print Name _____

Title _____

Preferred Mailing Address: Home _____ Business _____

Company Name _____

Company Address _____

City/State/Zip _____

Work Phone (_____) _____ Fax (_____) _____

Work Email: _____

Home Address _____

City/State/Zip _____

Home Phone (_____) _____

Home Email: _____

OATH

I affirm that I have read and comprehend the [Society of Financial Examiners Code of Ethical Conduct](#) and I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for Associate Membership.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society. I agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving and criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society.

Name (please print) Date

Signature

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ANNUAL ASSOCIATE MEMBERSHIP FEE: \$250.00

Nominated by _____

Phone (_____) _____

Email: _____

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

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Credit Card Form

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose _____

Amount to be Charged \$ _____

CC: AMX VISA MC Exp. Date_ / Card

Number _____

Security Code _____

Signature _____

Billing Address for Card:

Please submit Application with this form.

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