



General Membership Application

Application to be completed by individuals who currently hold, or have held, the position of financial examiner or financial analyst with a government agency or who contract with state insurance departments for financial examinations or financial analysis on a full-time basis.

Name _____ Job Title _____ Work E-Mail _____
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 (**SELECT ONE**):

- am a financial examiner
- have been a financial examiner
- am a financial analyst
- have been a financial analyst

AND (SELECT ONE)

- am directly employed with OR:
- am under contract directly with the following state, territory, commonwealth, federal agency or examination contract firm

from (MO/DY/YR) _____ to (MO/DY/YR) _____

Name of Agency/Contract Firm _____ 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: Insurance Financial Institutions

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 the application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for General 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.

Applicant's Signature _____

Name of Society Sponsor (Must be a current member of SOFE) _____

Sponsor'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, 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 \$75. One-time, non-refundable application Fee for Processing is \$35. Please enclose a check for \$110 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.

**Return completed form by E-Mail to rhenda@sofe.org or Fax to 1-336-365-4640 along with Credit Card Form.
Or Mail completed form and Check to Society of Financial Examiners, 3505 Vernon Woods Drive, Summerfield, NC 27358.**

Credit Card Form

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose **_ New General Membership Fee and Annual Dues**

Amount to be Charged \$110.00

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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