



SOCIETY OF FINANCIAL EXAMINERS™

Regulatory Membership Application

Application to be completed by individuals who have never held a position of financial examiner or financial analyst with a government agency, but perform examinations or assist in the regulatory examination process (i.e. actuaries, market conduct examiners, producer licensing, attorneys, etc).

Name _____ Job Title _____

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)

Agency Name _____

Agency Address _____

City, State, Zip _____

Work Phone (_____) _____ Fax (_____) _____

Work E-Mail _____

Home Address _____

City, State, Zip _____

Home Phone (_____) _____ Home E-Mail _____

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 _____ **Date** _____

Applications are sent to the Membership Committee for review and consideration. Please allow at least four weeks for processing.

Annual Regulatory Membership Fee is \$75. One-time, non-refundable application fee for processing is \$35. Processing the payment does not signify approval of the application. If an application is not approved, the dues portion of the payment will be refunded.

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.

**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.