



SOCIETY OF FINANCIAL EXAMINERS®

**Application for Reinstatement
From Retired Status**

Name: _____ Agency/Contract Firm: _____

Address: _____
Street

City State Zip

Work E-Mail Address Work Phone:

Personal E-Mail Address Personal Phone

I hereby apply for reinstatement of my membership designation with the Society of Financial Examiners:

Discipline: (circle one) Insurance Financial Institutions

Designation: (circle one) AFE CFE AES Regulator [] Non-Regulator []

Membership changed to retired status on _____.

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 reinstatement of my 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

Reinstatement is contingent upon recommendation by the Membership 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.
- 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.

Please include supporting documents with this form. Incomplete applications will not be processed.

Return Completed Form by E-Mail to sofe@sofe.org along with Credit Card Form. Or Mail Check to Society of Financial Examiners, 3505 Vernon Woods Dr., Summerfield, NC 27358



SOCIETY OF FINANCIAL EXAMINERS®

**Application for Reinstatement
From Retired Status**

Credit Card Form

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose – Reinstatement from Retired Status Application Fee

Amount to be Charged \$ 35.00

CC: AMX _VISA MC Exp. Date /

Card Number _____

Security Code _____

Signature _____

Billing address for card:

Please submit this form with your application.