



# SOCIETY OF FINANCIAL EXAMINERS®

## Application for Reactivation from Inactive Status for Membership and/or AFE/ CFE/ AES Designation

Name: \_\_\_\_\_ Agency/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

E-Mail

Phone

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

Designation: (circle one) AFE    CFE    AES    None

Regulator [  ]

Non-Regulator [  ]

Membership/Designation became inactive on \_\_\_\_\_ due to the following reason: \_\_\_\_\_

If more than 5 years have elapsed from the date the Inactive Status was approved, the Membership Committee will require the submission of evidence of the completion of 40 credit hours of continuing regulatory education (CRE) earned within the last 1 year prior to the reactivation of the designation. The CRE courses must meet the current designation CRE requirements, including the most recent NAIC Financial Conditional Examiners Handbook or Financial Analysis Handbook training, and Ethics training. Please attach documentation of CRE courses taken within the last year.

### 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 reactivation of my membership/designation.

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 any criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Reactivation 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 a processing fee for reactivation in the amount of \$200.00.**

Return Completed Form by E-Mail to [rhenda@sofe.org](mailto:rhenda@sofe.org) along with Credit Card Form.

Or mail to SOFE 3505 Vernon Woods Dr., Summerfield, NC 27358



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2. If applying after being in Inactive status for over 5 years, documentation of CRE requirements.

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

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Or mail to SOFE 3505 Vernon Woods Dr., Summerfield, NC 27358**



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### Credit Card Form

\$200.00 (processing fee)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Purpose – Reactivation of Membership Application Fee

Amount to be Charged \$ \_\_\_\_\_

CC: AMX    \_VISA    MC            Exp. Date       /

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Billing address for card:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please submit this form with your application.*