



SOCIETY OF FINANCIAL EXAMINERS®
Application for Reinstatement from Canceled Status
for Membership and/or AFE/CFE/AES Designation

Name: _____ Agency/Firm: _____

Address: _____

Street

City

State

Zip

E-Mail

Phone

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

Designation: (circle one) AFE CFE AES

Regulator []

Non-Regulator []

Membership/designation canceled on _____ **due to the following reasons:** _____

Reinstatement of membership and designation is contingent upon recommendation by the Membership Committee and subsequent approval by the Executive Committee and/or Board of Governors. Because membership has been canceled and reinstatement is sought, reinstatement requires:

1. **Payment of all dues at current rates in arrears since cancelation of membership.**
2. **Payment of a processing fee for reinstatement in the amount of \$200.00.**
3. **Documentation of continuing education (reported on CRE reporting forms), including proof of attendance. The annual and triennial CRE minimum requirements for your designation must be met for each year since your last Active year of membership, just as if your membership had never been canceled.**

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 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

Return Completed Form by E-Mail to rhenda@sofe.org along with Credit Card Form.
Or mail to SOFE 3505 Vernon Woods Dr., Summerfield, NC 27358



SOCIETY OF FINANCIAL EXAMINERS®
Application for Reinstatement from Canceled Status
for Membership and/or AFE/CFE/AES Designation

Credit Card Form

Number of years _____ x \$ _____ (dues) = \$ _____ + \$200.00 (processing fee) = \$ _____ (total enclosed)

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose – Reinstatement of Membership from Canceled Status Application Fee and Annual Dues

Amount to be Charged \$ _____

CC: AMX _ VISA MC Exp. Date /

Card Number _____

Security Code _____

Signature _____

Billing address for card:

Please submit this form and all supporting documentation with your application.