



SOCIETY OF FINANCIAL EXAMINERS®

General Membership Application

Complete the following by checking all applicable boxes and filling in all blank areas. Incomplete applications will not be processed. (PLEASE PRINT OR TYPE)

Name _____ Work E-Mail _____

Please check the address where you wish to receive Society correspondence Office Home

I hereby certify that I:

am currently have been a financial examiner in the insurance discipline financial analyst in the insurance discipline
 directly employed 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 _____

How did you hear about the Society of Financial Examiners and what prompted your interest to join?

Home Address _____

Home Phone (_____) _____ Home 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 this 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.

Name (please print) _____ Date _____

Signature _____

Supervisor's Verification: To be completed by one of the following: Insurance Commissioner, Deputy Commissioner, Chief Examiner, or Director of Financial Institutions; or any Assistant Chief Examiner or 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 \$65. One-time, non-refundable application fee for processing is \$35. Please enclose a check for \$100 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 portion of the payment will be refunded.

**Return Completed Form by E-Mail to sofe@sofe.org or Fax to 1-414-768-8001 along with Credit Card Form.
Or Mail Check to Society of Financial Examiners, 7044 S 13th St., Oak Creek, WI, 53154**



SOCIETY OF FINANCIAL EXAMINERS®

General Membership Application

Credit Card Form

Date: _____

Name: _____

Phone _____ E-Mail _____

Purpose - New General Membership Application Fee and Annual Dues

Amount to be Charged \$ 100.00

CC: ___ AMX ___ VISA ___ MC Exp. Date ___/___

Card Number _____

Signature _____

Please submit this form with your application.

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Or Mail Check to Society of Financial Examiners, 7044 S 13th St., Oak Creek, WI, 53154**