



State
\$
Office Use Only

MEMBERSHIP INCENTIVE PROGRAM NEW MEMBER VERIFICATION FORM

NEW MEMBER'S NAME (PLEASE PRINT)	NEW MEMBER'S ADDRESS	DISTRICT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recruiter's Name (Print)	Date		
Recruiter's Address (Print)	SEANC Member ID		
Recruiter's City	State	Zip Code	Daytime Telephone #
Recruiter's Email			

A minimum of 5 new members for form to be processed
5 New Members = \$10.00

After completing, please return form to:
SEANC
Member Action Department
Attn: Incentive Program
PO Drawer 27727
Raleigh, NC 27611