Membership Recruitment Incentive Program

New Member Verification Form

Name: _____

SEANC Member Number

Address: _____

City, State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

A minimum of four new members per form is required to be processed

New Member Name	District Number

Send the completed form to:

State Employees Association of North Carolina • 1621 Midtown Place • Raleigh, NC 27609 • Fax: 800-296-4999

2/2024