



**MEMBER DISCOUNT INCENTIVE PROGRAM
NEW BUSINESS VERIFICATION FORM**

Recruiter Information:

Name _____

SEANC Member # _____

Address _____

City, State _____ Zip Code _____

Daytime Phone _____

Email _____

*****A minimum of 5 new businesses per form to be processed and receive \$25 incentive check*****

New Business Information

Name	DATE

Please continue on new form after 5 businesses.

To submit, return form to:

SEANC
Member Discounts
Attn: Carri Derrick
1621 Midtown Place
Raleigh, NC 27609
Fax: 919-792-3321