



**MEMBERSHIP RECRUITMENT INCENTIVE PROGRAM  
NEW MEMBER VERIFICATION FORM**

**Recruiter Information**

Name \_\_\_\_\_

SEANC Member # \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*\*\$5.00 per new member\*\***

<b>Name</b>	<b>District</b>

To submit, return form to:

SEANC  
1621 Midtown Place  
Raleigh, NC 27609  
Fax: 800.296.4999