



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

Recruiter Information

Name _____

SEANC Member # _____

Address _____

City, State _____ Zip Code _____

Daytime Phone _____

Email _____

*****A minimum of 5 new members per form to be processed and receive \$15 incentive check*****

New Member Information

Name	District

To submit, return form to:

SEANC
1621 Midtown Place
Raleigh, NC 27609
Fax: 800.222.2758