

NORTH CAROLINA

Captive Insurance Association

Membership Application Form

(PLEASE PRINT)

Company Name _____

Individual Representing Company _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Individual #2 _____

Title _____

E-mail _____

Individual #3 _____

Title _____

E-mail _____

Individual #4 _____

Title _____

E-mail _____

Amount Enclosed \$ _____

Mail Form To:

North Carolina Captive Insurance Association

151 Crest Road

Southern Pines, NC 28387

(910) 684-8379