

NC 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 \$_____

This form may also be mailed to: NCCIA, 910 N. Sandhills Blvd., Suite 106, Aberdeen,
NC 28315. Telephone 855.622.4299