

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 \$ \_\_\_\_\_

Mail Form To:  
North Carolina Captive Insurance  
Association  
151 Crest Road  
Southern Pines, NC 28387  
910-684-8379

NCCIA Form 1.1