



E.I.A.A.N.Z.

**EARLY INTERVENTION ASSOCIATION OF
AOTEAROA NEW ZEALAND**

**ORGANISATION MEMBERSHIP FORM
(THREE INTERNALLY TRANSFERABLE PLACES)**

NAME OF CONTACT PERSON: _____

ORGANISATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Please return this form and the \$200.00 subscription to:

Sue Murray
Treasurer, EIAANZ
16 Aberdeen Crescent
Wattle Downs
Manukau 2103

Or return this form to Sue.Murray@Blennz.school.nz and deposit your membership fees to:

ASB Hamilton
Early Intervention of Aotearoa New Zealand
12-3039-0188227-00
placing your name in the "Particulars"

Term of membership:

1 Jan – 31 December