



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

**EARLY INTERVENTION ASSOCIATION OF  
AOTEAROA NEW ZEALAND**

**INDIVIDUAL MEMBERSHIP FORM**

Membership is given on receipt of this form **and** the Code of Ethics for the Early Intervention Association of Aotearoa New Zealand duly completed and signed in good faith.

NAME: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please return this form and signed Code of Ethics to:

Jackie Koortse  
Secretary, EIAANZ  
c/o CCS Disability Action  
Canterbury and West  
Coast,  
PO Box 1506  
Christchurch 8140

Or email  
Jackie.Koortse@ccsdisabilityaction.org.nz