



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:

Berne Peters
Secretary, EIAANZ
PO Box 24-327,
Royal Oak,
Auckland 1345

Email: bernette.peters@ccsdisabilityaction.org.nz