

EARLY CHILDHOOD INTERVENTION ACT INC.

ABN: 76 607 866 556

MEMBERSHIP APPLICATION

Name.....

Organisation (if any).....

Work address

Phone..... Fax.....

Home address.....

Phone Fax.....

Email address.....

Would you like to receive the newsletter by e-mail? YES NO

Would you like to receive other relevant information by e-mail? YES NO

Please circle:

I am: a parent/carer of a child with a developmental delay or disability, a teacher,
a health professional, child care worker, other.....

Membership Rates

\$15 Parent/carer/full-time student

\$30 Professional

\$50 Organisation or school *

Please send a cheque, money order or credit card payment to:

ECI (ACT) Inc. PO Box 717, Mawson, ACT, 2607 Phone: 62 901 984

Bankcard / Visa / MasterCard

Card number

Expiry Date /

Cardholders Name..... Signature.....

* This entitles the organisation or school to send two members of staff to seminars at the member rate.