



# Membership application

## Tax Invoice

ABN 51 832 040 138

New member     Renewing member

Title     Ms     Mrs     Miss     Mr     Dr

Surname \_\_\_\_\_

Given name/s \_\_\_\_\_

Postal address \_\_\_\_\_

Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Home fax \_\_\_\_\_

Mobile \_\_\_\_\_

Place of employment \_\_\_\_\_

Position \_\_\_\_\_

Work address \_\_\_\_\_

Postcode \_\_\_\_\_

Work phone \_\_\_\_\_ Work fax \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:**

- **Only individuals may apply for and receive the benefits of membership**
- Membership year is 12 months from the month of application
- Membership fee for professionals is \$99 pa [incl.GST]
- Membership fee for a family member of a young child with a disability or delay is \$55 pa [incl.GST]
- Membership fee for full-time students is \$55 pa [incl.GST] *Please forward copy of student ID card with application*

**Payment options**

• **Cheque or Money Order payable to:** ECIA (NSW Chapter) Inc.

**OR**

• **Credit Card. Please provide your credit card details below**

Card number

Cardholder Name \_\_\_\_\_

Mastercard     Visa    Expiry date   /

Amount paid \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Association keeps the information you have provided on file but does not disclose any of your details to third parties without your express permission.*

**Please forward to:** The Membership Secretary    **Or phone:** (02) 9873 2593  
 ECIA (NSW Chapter) Inc.,  
 P.O. Box 4752,  
 North Rocks, NSW 2151

**OFFICE USE ONLY**     Entered in database     New Member info sent  
 E-mail entered     MYOB  
 Banked     Receipt sent

**Please complete each of the sections below, as appropriate.**

- Parent
- Professional
- Student

**Position** (tick all that apply)

- Academic
- Co-ordinator / Team leader
- Consultant
- Director / Manager
- Doctor
- Early childhood teacher
- Early special educator/ Early intervention teacher
- Family support worker
- Nurse
- Psychologist
- Playgroup leader / worker
- Social worker
- Special educator
- Support worker
- Therapist
- Retired
- Other \_\_\_\_\_

**Type of Service** (tick all that apply)

- Early childhood intervention service
- Early childhood organisation
- Govt dept (specify) \_\_\_\_\_
- Pre-school / Long daycare
- Private practice
- School / DET
- ISA / SCAN service
- Tertiary institution
- Other \_\_\_\_\_

**Highest qualification**

- Diploma
- Degree
- Graduate diploma
- Masters
- PhD
- Other \_\_\_\_\_

**Field of study** (tick all that apply)

- Early childhood education
- Early childhood intervention
- Education (other)
- Medicine
- Nursing
- Occupational therapy
- Physiotherapy
- Psychology
- Special education
- Speech pathology
- Social work
- Other \_\_\_\_\_

**Years of experience in early childhood intervention**

- 20+ years
- 10+ years
- 5-10 years
- < 5years

**How did you hear about ECIA?**

- Colleague
- Saw the magazine
- Website
- Another parent
- Other \_\_\_\_\_