



The Australasian Association of Irlen Consultants

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New Zealand Chapter

Secretary/Treasurer Sarah Bycroft

Category: DIAGNOSTICIANS and CLINIC DIRECTORS: FULL MEMBERSHIP (voting rights)

Fee: NZD \$74.00

Name _____

Address _____

Postcode _____ Country _____

Phone _____ Fax _____

Email _____

Category: SCREENERS: ASSOCIATE MEMBERSHIP (speaking rights)

Fee: NZD \$37.00

Name _____

Category _____

Regional/Clinic Director for area you work in _____

Address _____

Postcode _____ Country _____

Phone _____ Fax _____

Email _____



AAIC TREASURER'S DELEGATE IN NEW ZEALAND Sarah Bycroft PO Box 303 103 North Harbour
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Application for Association membership or Renewal and Payment

Email Form To: Sarah Bycroft
Secretary Treasurer
AAIC NZ Chapter
Sarah@irlen.nz

Payment to be made to: AAIC NZ
01-0235-0221836-00
Reference: Your Name

WE DO NOT ACCEPT CREDIT CARD PAYMENT OR CHEQUES