



The Australasian Association of Irlen Consultants Inc.

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AAIC TREASURER'S DELEGATE
IN NEW ZEALAND
David Wardell
PO Box 39690
Howick 2145
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Ph: 09 576 5390
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Email: david@irlenclinic.co.nz

Category: **FULL MEMBERSHIP (voting rights)**
Regional Director, Clinic Director, Diagnostician and Allied Members
Fee: **NZD \$74.00**

Name _____
Address _____
State _____ Postcode _____ Country _____
Phone _____ Fax _____
Email _____

Category: **ASSOCIATE MEMBERSHIP (speaking rights)**
Screener and Pre-Assessors (PASS)
Fee: **NZD \$37.00**

Name _____
Category _____
Regional Director for area you work in _____
Address _____
State _____ Postcode _____ Country _____
Phone _____ Fax _____
Email _____

Category: **HONORARY AND LIFE MEMBERSHIP (by nomination only)**
Fee: **No Fees charged**

The Australasian Association of Irlen Consultants Inc.

PAYMENT METHODS IN NEW ZEALAND

Please return form and payment to:
DAVID WARDELL
who coordinates NZ payments to the AAIC Treasurer.
PO Box 39690
Howick 2145 Auckland
Ph: 09 576 5390
Fax: 09 576 5394
Email: david@irlenclinic.co.nz

CHEQUES: Made to: IRLLEN DIAGNOSTIC CLINIC LTD.
Posted to: P.O. Box 39690,
Howick 2145
Auckland
New Zealand

CREDIT Visa Card or Master Card
PAYMENTS: Please fill out the slip below and post to David Wardell.

Please debit my Visa Mastercard

CREDIT CARD NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: The last three numbers are the three security numbers which are the last three on the signature strip on the back of the card.

Expiry Date _____ Signature _____

Name on Card _____

Amount to be paid: \$.

Thank you
Peter Freney, President AAIC