Autism Early Intervention Outcomes Unit

APPLICATION FOR MEMBERSHIP

I wish to apply for membership of the AEIOU and agree to support the objects of the service.

Name:.....

Address: .....

.....

Email:.....

Type of membership: Ordinary Perpetual (Please circle)

Other autism groups of which I am associated with:.....

.....

....
Signature Date

Nominated by: (2 current financial members)

....
Signature Signature

NOTE: *All applications for membership must be approved by the Board of AEIOU.*
$30 fee is payable upon application. Perpetual $100 per person.
All memberships expire on 30th June each year.

Please send your application to: The Chairperson
AEIOU
PO Box 806, Nundah Qld 4012

(OFFICE USE ONLY)

This application for membership was approved / not approved by the Board of AEIOU at the meeting held

on ..... **(date).**

.....
Signature of Chairperson, Secretary or Treasurer