

ECIANS
EARLY CHILDHOOD INTERVENTIONISTS ASSOCIATION OF NOVA SCOTIA
MEMBERSHIP APPLICATION FORM

Contact Information:

Name	
Address	
Postal code	
E-mail address	

Professional information:

Employed with: Current Early intervention program	
Position	
Employed Since	
Or previous employment: Early Intervention Program	
Position	
Dates of Employment	

Educational Information:

Post Secondary Institution:	
Level Achieved:	

I _____ wish to apply for/or renew my membership
in the Early Childhood Interventionists Association of Nova Scotia.

Signature: _____ Date: _____

Annual Membership Fee: \$50.00

- Make cheque payable to Early Childhood Interventionists Association of Nova Scotia
- Mail to: Carol Langille
P.O. Box 640
Mahone Bay, Nova Scotia
B0J 2E0

Membership Guidelines According ECIANS By-Laws

7. The following shall be admitted to Active Membership in the Society:
Any individual who has been employed as an Early Childhood Interventionist in an Early Childhood Intervention Program in Nova Scotia for twelve consecutive months.
 - Who upholds the objects of the Society
 - Who contributes to the support of the Society an amount to be determined at the Annual General Meeting.

8. The following shall be admitted to Associate Membership in the Society:
Any individual who has/had been employed as an Early Childhood Interventionist for 5 (five) years or more.
 - Who upholds the objects of the Society
 - Who contributes to the support of the Society an amount to be determined at the Annual General Meeting.

9. Individuals seeking membership to the Society shall submit an application stating name, address, place of employment. The application shall be reviewed by the Board of Directors of the Society for approval for entry to membership. Approval for membership shall be based on Article 7 or 8.