

Early Intervention Provider Association (EIPA) New Member & Change of Information Form

Please Complete Entire Form

Please Check (✓) <u>one</u> : (Must (*New Member	Complete to Process)
* Who referred you to E	YIDA 9
	by the Executive Committee to determine if individual/agency is eligible for
Agency Name:	
Primary Contact:	
Name/Title:	
Email Address:	
Address:	
Phone/Ext:	
Secondary Contact:	
Name/Title:	
Fmail Addross.	
Address:	
(If different from	
above)	
Phone/Ext:	
	oer person) – (If more space is needed please add additional sheets)
Name/Title:	
Email Address:	
Address:	
(If different from	
above)	
Phone/Ext:	
COUNTY/REGION(S) SERVED (IF U	UNSURE PLEASE SEE OUR REGIONAL MAP ON OUR WEBSITE):
Number Served: (0-3)	(3-5)

PART III - DUES STRUCTURE:

Check and Circle the dues amount appropriate for your agency or business:

Level #	Check Level	El Budget Spread	Dues 16-17
1		\$1 - \$74,999	\$128
2		\$75,000 - \$249,999	\$184
3		\$250,000 - \$499,999	\$245
4		\$500,000 - \$749,999	\$306
5		\$750,000 - \$999,999	\$383
6		\$1,000,000 - \$1,999,999	\$459
7		\$2,000,000 - \$3,999,999	\$612
8		\$4,000,000 - \$7,999,999	\$689
9		\$8,000,000 - \$15,999,999	\$765
10		\$16,000,000 and higher	\$841

Limited Associate Membership of \$75 is available for individuals who teach in higher education related to the early intervention filed or a retired EIPA member/provider who does not have an active early intervention contract.

Please make check payable to: EIPA

Mail to: Jocelyn Debick, EIPA Treasurer

PO Box 41

Forbes Road, PA 15633

If you have any questions please contact:

Stacey Peters, Executive Assistant eipa.stacey@gmail.com
(814) 496-9445

Administrator Use Only:

(✓) Check box if changes are needed to list serve

Explanation: