

# Long Island Lactation Consultant Association

An affiliate of the International Lactation Consultant Association and the United States Lactation Consultant Association



[WWW.LILCA.ORG](http://WWW.LILCA.ORG)

## LILCA MEMBERSHIP FORM

Name \_\_\_\_\_ Titles: \_\_\_\_\_

Address \_\_\_\_\_

Name of business or organization: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

IBCLC# (if app): \_\_\_\_\_ ILCA# (if member): \_\_\_\_\_

Any special interests or concerns to share with other members?

\_\_\_\_\_  
\_\_\_\_\_

## RELEASE

I give permission for LILCA to include my name and information to be given for future events and conferences by other breastfeeding organizations.

I agree       I do not agree

Signature: \_\_\_\_\_

## MEMBERSHIP

\$25 for one year (Jan 2012 to Jan 2013)

\$40 for two years (Jan 2012 to Jan 2014)

Mail this form and a check payable to "LILCA".

Mail to:

LILCA  
c/o Virginia Murphy  
2521 Cypress Ave  
E. Meadow, NY 11554

Check#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## RESOURCE GUIDE

If you are an IBCLC, a member in good standing of LILCA (must have attended at least 2 meetings in the previous year), and provide professional lactation services, you may be listed in our Resource Guide. Please complete the information below if you wish to be included in the Resource Guide.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_