

Join FLCA Membership Form

Make check payable to FLCA

- \$30.00 General Membership
- \$40.00 Corporate Membership *(corporate membership entitled to only one vote)*
- \$12.50 Volunteer (Peer Counselor or LLL Leader or Student)
- Donation toward
- Total Paid

MAIL THIS FORM & CHECK TO FLCA TREASURER: **Linda Goldberg - Treasurer**
1226 Cheetah Trail
Winter Springs, FL 32708

Name: _____

Address: _____

City, State, Zip: _____

County: _____

Work phone: _____ Home phone: _____

Email: _____

Your place of employment: _____

Your title or position: _____

Member of ILCA? (Circle one) Yes No

Check here ONLY if you wish to receive the FLCA Quarterly Newsletter in black & white edition by US postal service instead of in full color by attached email (attached email will be sent in an Adobe Reader PDF which is a substantial savings to FLCA's budget)

Check here only if you DO NOT want to be listed as a resource for your community in the Lactation Service Resource Directory of the FLCA web site.

Check here only if you DO NOT want to be listed as a resource for your community in the Lactation Service Resource Directory of the FLCA web site.

<p>Services You Offer, check all that apply:</p> <p><input type="checkbox"/> Hospital Inpatient LC</p> <p><input type="checkbox"/> Hospital Outpatient LC</p> <p><input type="checkbox"/> Private Practice LC Home Visits</p> <p><input type="checkbox"/> Private Practice LC Office Visits</p> <p><input type="checkbox"/> Pediatric Practice Office Visits</p> <p><input type="checkbox"/> OB Practice Office Visits</p>	<p><input type="checkbox"/> Midwife Practice Office Visits</p> <p><input type="checkbox"/> WIC Breastfeeding Coordinator and/or LC</p> <p><input type="checkbox"/> La Leche League Leader</p> <p><input type="checkbox"/> WIC Peer Counselor</p> <p><input type="checkbox"/> Lactation Educator</p> <p><input type="checkbox"/> Pump Rental & Pump Sales</p> <p><input type="checkbox"/> Other: _____</p>
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If you wish to be listed, please write what you would like listed on the FLCA web site (www.flca.info) under Lactation Services Resource Directory. (<http://flca.info/resourcedir.htm>)

<p><i>Example:</i> Orange County, FL Peggy Sue Smith, RN, IBCLC Lactation Dept. Regional Memorial Hospital Smithville, FL 32000 407-889-2345 M-F 8-5 Services: Outpatient Lactation Support www.bestmilkforbaby.com</p>	<p>Fill out as you wish listed on the website under Resource Directory:</p> <p>FL County _____</p> <p>Name _____</p> <p>Position _____</p> <p>Institution or Business Name _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p> <p>Hours Available _____</p> <p>Services Provided _____</p> <p>Website or email _____</p>
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PLEASE NOTIFY THE FLCA SECRETARY IF ANY OF THE ABOVE INFO CHANGES.