FLORIDA LACTATION CONSULTANT ASSOCIATION 2017

(Membership Form for new membership or renewing with changes)

_____ \$40.00 Individual

\$20.00 Non-paid Individual

FLCA membership runs on a calendar year (January 1 to December 31). If you join between January and September, dues will be applied to the current year's membership.

_____ \$20.00 Passing IBCLCE (2106) for first time

Last name	First name	credentials (i.e. IBCLC)	
Address		Address type: Home	Business
City	State Zip code	fiddress type. frome	
Home or cell phone	Business Phone En	nail	
Place of employment		Title or position	
Member of ILCA for	r 2016? Yes No	Member of USLCA for 2016?	Yes No
Every FLCA member	is added to:		
-	<u>ry</u> : a private listing of FL osite: <u>www.flca.info</u>	CA members in the Members O	only Section at the
<u>List serve invitat</u>	on: FLLactationConsult	on Yahoo Groups (look for the er	mail invite)
<u>FLCA database</u> is	kept by the Membership	Secretary	
Free optional Public	listing of FLCA members	who wish to advertise their lacta	tion services:

Lactation Services Resource Directory-Please fill in ALL spaces.

Counties listed under		
Name & credentials		
Name of Institution or Business		
Address	City	State Zip code
Hours Available		
Services Provided		

Website or Business email

To pay online go to <u>www.flca.info</u> and click on join or renew. Please email this completed form to the current membership secretary <u>esimpson@tampabay.rr.com</u> or print & mail to: **Ellen Simpson 112 South Woodlynne Ave. Tampa, FL 33609**

To pay by check, send to the treasurer: Mary Buskohl-Coulton 483 Hillside Dr. Orange Park, FL 32073.

A check returned to FLCA due to insufficient funds in your account will incur a fee assessed by our bank.