## FLORIDA LACTATION CONSULTANT ASSOCIATION

**2018** (Membership Form for new membership or renewing)

\_\_\_\_\_ \$40.00 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 Non-paid Individual

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

Last name	First na	ame	credentials (i.e. IBCL)	. <i>C</i> )	
Address					
City	State	Zip code	Address type: Home	Business _	
5		1			
Home or cell phone	Business Phone	E	mail		
Place of employment			<i>Title or position</i>		
Renewing Previous F ILCA Mem USLCA Me	FLCA Member FLCA Member (n 'LCA Member iber		2017)		
	League Leader Practical Nurse	Pł Ra Ra W W	idwife sysicians Assistant egistered Nurse – hospital bas egistered Nurse – non hospita IC Breastfeeding Coordinator IC Peer Counselor her	l based	
Hispanic White Other	Native frican American ot disclose				

Do you want to be included in "Find an IBCLC" on the FLCA website? If, yes please complete the contact information below as to what you want included in this public list. Your name, credentials, ethnicity/race will be include along with the additional information you provide below.

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. Complete your payment AND the online form.

Or if paying by mail, print this form, complete it, and mail along with check to Treasurer Mary Buskohl-Coulton.

Make check payable to FLCA. Send to: Mary Buskohl-Coulton FLCA Treasurer 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.