

# FLORIDA LACTATION CONSULTANT ASSOCIATION 2024

(Membership Form for new membership or renewing)

\_\_\_\_\_ \$50.00 Individual

\_\_\_\_\_ \$25.00 Non-paid Individual

\_\_\_\_\_ \$25.00 Passing IBCLCE (2021 or 2022) for first time

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.

\_\_\_\_\_ Last name

\_\_\_\_\_ First name

\_\_\_\_\_ credentials (i.e. IBCLC)

\_\_\_\_\_ Address

Address type: Home \_\_\_\_\_ Business \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip code

\_\_\_\_\_ Home or cell phone

\_\_\_\_\_ Business Phone

\_\_\_\_\_ Email

\_\_\_\_\_ Place of employment

\_\_\_\_\_ Title or position

Circle all that apply:

First time FLCA Member

Renewing FLCA Member (member in 2023)

Previous FLCA Member

ILCA Member

USLCA Member

Passing exam first time (2023)

Circle all that apply:

ARNP

CLC

Dietician

Doula

IBCLC (# \_\_\_\_\_)

La Leche League Leader

Licensed Practical Nurse

MD or DO

Midwife

Physician Assistant

Registered Nurse – hospital based

Registered Nurse – non-hospital based

WIC Breastfeeding Coordinator

WIC Peer Counselor

Other \_\_\_\_\_

Ethnicity/Race:

Asian

American Native

Black or African American

Hispanic

White

Other \_\_\_\_\_

Prefer to not disclose

To pay online go to [www.flca.info](http://www.flca.info) 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 Dawn Baltz. Please print legibly

Make check payable to FLCA. Send to:  
**Dawn Baltz, FLCA Treasurer**  
**11295 Maxton Way North**  
**Pinellas Park, FL 33782**

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

*If you would like to be added to lactation resources, please go to <http://www.zipmilk.org> and submit your information*