FLORIDA LACTATION CONSULTANT ASSOCIATION 2018

(Membership Form for new membership or renewing with changes)

	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.	
	Non-paid Individual Passing IBCLCE (2106	• •	ent year's membersinp.
Last name	First name	credentials (i.e.	IBCLC)
Address			
City	State Z	Address type: Home _	Business
Home or cell phone	Business Phone	Email	
Place of employment		Title or position	
Renewin Previous ILCA Me USLCA N		nber in 2017)	
	n ne League Leader ed Practical Nurse	Midwife Physicians Assistant Registered Nurse — hospital Registered Nurse — non hos WIC Breastfeeding Coordin WIC Peer Counselor Other	spital based
Hispanio White	African American		

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 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 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.