



Membership Application

Date: _____

Applicant Information

First Name: _____ Last Name: _____ Credentials: _____

Mailing Address
(for Clinical Lactation) Street Address _____

City _____ State _____ Zip _____ Country _____

Email: _____ Cell: (____) _____ - _____

Alternate Phone: (____) _____ - _____ Opt out of Text Alerts

Fax: (____) _____ - _____ Date of Birth (Month & Year) (____/____)

Race/Ethnicity: Caucasian Hispanic African American I do not wish to include

(collected for statistical demographic data) Native American Asian Race/Ethnicity Other: _____

Who referred you to USLCA: _____

Practice Information

Languages Spoken (check all the apply): English Spanish French Other _____

Are you an IBCLC? If yes, complete the following:

IBCLC Certification Number _____ Expiration Date _____

Would you like to be listed in the Find an IBCLC Directory? Complete your online profile by visiting www.uslca.org/profile

Get Involved

Do you belong to a USLCA Chapter? Yes No If so, which one? _____

Stay informed with state efforts by joining your state mailing list.

Please indicate which state mailing list(s) you'd like to join: _____

Privacy Settings

USLCA will not share member information with anyone without consent. Selecting below will provide consent to share information with specific groups/organizations. Local Chapter Local Licensure Efforts

Membership Level - Monthly/Annual Dues

Billing Frequency

Digital Access \$3 / \$30 Basic \$6 / \$60 Standard* \$9 / \$90 Enhanced \$12 / \$120

Monthly Recurring
 Annual Recurring
 Annual - Onetime Payment

* Discount Group Code (if applicable): _____

Payment

Credit Card # _____ Expiration Date _____ Security Code _____

Visa MasterCard Discover American Express Name on credit card: _____

Billing information (if different than application)

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____

Check included- Make payable to USLCA

Total Due: _____

Mail completed application to:
United States Lactation Consultant Association (USLCA)
P.O. Box 1845
Arlington Heights, IL 60006

Questions?
202-738-1125
info@USLCA.org