



United States Lactation Consultant Association

Membership Application

Date: _____

Applicant Information

First Name: _____ Last Name: _____ Credentials: _____

Mailing Address (for Clinical Lactation journal) _____

City _____ State _____ Zip _____ Country _____ Email: _____

Cell: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Date of Birth (Month & Year) (____/____)

Race/Ethnicity: Caucasian Hispanic or Latino Black or African American Native Hawaiian/Pacific Islander
(collected for statistical demographic data) Native American/Alaskan Native Asian or Pacific Islander I do not wish to include Other: _____

Who referred you to USLCA: _____

Practice Information

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

Are you an: IBCLC Counselor/Educator Peer

IBCLC Certification Number _____

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 Type

Membership Type	<input type="checkbox"/> Digital Access	<input type="checkbox"/> Basic	<input type="checkbox"/> Standard	<input type="checkbox"/> Enhanced
Cost (monthly/annual)	\$3/30	\$6/60	\$9/90	\$15/150

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 860
 Helotes, TX 78023

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