

Membership Application

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 Type

Student \$43 Individual \$85 Monthly \$9/month (credit card only) Group* \$75 (per person) Group Name: _____

Retired \$50 Contributing Professional \$109

*Please include an application for each member of your group

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