



# 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](http://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"/> Standard	<input type="checkbox"/> Enhanced
Cost (monthly/annual)	\$7/67	\$13/130	\$18/180

### 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](mailto:info@USLCA.org)