

MEMBERSHIP APPLICATION FORM

NSW Lactation College Inc
Tax Invoice A.B.N. 31 383 813 766



Office Use Only

Date Received:
Chq/ MO/CC No:
Receipt No:
Membership qualification sighted:
Type of membership:
Membership No:
Ratified at Committee Meeting on:
Financial to:
Notification letter sent:

Surname: _____ Given Names: _____
Address: _____
Postcode: _____
Home Phone (____) _____ Work Phone (____) _____
E-mail: _____

QUALIFICATIONS (*New members are to enclose a photocopy of their Lactation Qualification)

Professional Qualifications: _____
Name of Lactation qualification/course: _____
Year Lactation qualification/course completed: _____ **IBCLC No:** _____
Place of attainment: _____
Current Employer: _____
Position/Title: _____

Are you a current member of ILCA? Yes No

Would you prefer to receive your college correspondence via email? Yes No

I give permission for my name and contact details to be published in a NSW Lactation College Members Directory: Yes No

MEMBERSHIP (Please tick the type of membership requested, see Constitution or Membership Information Sheet for details)

- Full Membership** — \$70 GST inclusive (new members add \$10 joining fee and pay \$80)
 Associate Membership — \$70 GST inclusive (new members add \$10 joining fee and pay \$80)
 Overseas Membership — A \$85 (new members add \$10 joining fee and pay \$95)

N.B Membership is valid from 1st July to 30th June

If membership lapses beyond 30th September, applicant **MUST** re-apply for membership. Any bank fees that are charged to the NSWLC as a result of insufficient funds, refer to drawer etc will be the responsibility of the issuer.

I, _____, hereby apply to become a member of the

Print Name

NSW Lactation College Inc. In the event of my admission as a member, I agree to abide by the rules of the NSW Lactation College Inc for the time being in force.

Signature

_____/_____/_____
Date

Payment method: Cheque Money Order Credit Card (note Visa or Mastercard only)

If paying by cheque or money order please make payable to: **NSW Lactation College Inc.**

If paying by Credit Card please ensure ALL the following details are completed:

Type of card: Visa Mastercard

Card Number: ____/____/____/____

Name on card: _____

Amount: _____ Expiry Date: ____/____

SIGNATURE: _____

Please post your: 1) completed form,

Please post your: 2) payment / payment details,

3) photocopy of lactation qualification, to:

Membership Secretary
NSW Lactation College Inc
67 KELDIE STREET
FORESTVILLE 2087

Revised 23/6/08