

# Colorado Lactation Consultant Association

## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently certified as an IBCLC? Y \_\_\_\_\_ N \_\_\_\_\_

If not, are you working towards certification? Y \_\_\_\_\_ N \_\_\_\_\_

Are you a current member of ILCA? Y \_\_\_\_\_ N \_\_\_\_\_

Are you a current member of the Colorado Breastfeeding Coalition? Y \_\_\_\_\_ N \_\_\_\_\_

Membership in the CLCA is \$25/calendar year. Memberships received after October 31 will roll over to the next calendar year.

Please make checks payable to CLCA and send to:

Colorado Lactation Consultant Association  
c/o Sara Dale-Bley  
PO Box 460367  
Denver, CO 80246-0367