



## DUES INVOICE

**BILL TO:**

**MEMBER ID:**

**DUE DATE:**

**DESCRIPTION:**

**AMOUNT:**

**TOTAL:**

*payment due upon receipt.*

**You can pay your dues and update your information online! Visit [www.ilca.org](http://www.ilca.org) and click on "JOIN OR RENEW NOW."**  
**If paying through this invoice, please update your profile information on the back of this invoice.**

\*If you would like to change your membership type or include benefactor status, please indicate as such below. \* As of 1 September 2017, our membership cycle has changed. If you are joining for the first time, you will receive 12 months of membership. If you are renewing, 12 months will be added to your current membership.

## Membership Fees and Payment

Please refer to the table provided below to determine your membership category. All rates are in US currency.

MEMBER TYPE	2018 DUES \$USD INDIVIDUAL		ILCA BENEFACTOR RATES (OPTIONAL)			TOTAL DUES \$USD
	Print JHL	Online JHL	BRONZE	SILVER	GOLD	
<b>Category A Countries</b>						
Standard (IBCLCs)	\$132	\$127	\$25	\$50	\$100	
Clinical Care Professionals (non-IBCLCs)	\$124	\$119	\$25	\$50	\$100	
Supporters (non-IBCLCs)	\$85	\$80	\$25	\$50	\$100	
Students	\$85	\$80	\$25	\$50	\$100	
Retired	\$58	\$53	\$25	\$50	\$100	
<b>Category B Countries</b>						
Standard (IBCLCs)	-	\$27	\$5	\$10	\$21	
Clinical Care Professionals (non-IBCLCs)	-	\$25	\$5	\$10	\$21	
Supporters (non-IBCLCs)	-	\$17	\$5	\$10	\$21	
Students	-	\$17	\$5	\$10	\$21	
Retired	-	\$11	\$5	\$10	\$21	
<b>Category C Countries</b>						
Standard (IBCLCs)	-	\$7	\$1	\$3	\$5	
Clinical Care Professionals (non-IBCLCs)	-	\$6	\$1	\$3	\$5	
Supporters (non-IBCLCs)	-	\$4	\$1	\$3	\$5	
Students	-	\$4	\$1	\$3	\$5	
Retired	-	\$3	\$1	\$3	\$5	
<b>Category D Countries</b>						
Standard (IBCLCs)	-	\$3	\$1	\$1	\$2	
Clinical Care Professionals (non-IBCLCs)	-	\$3	\$1	\$1	\$2	
Supporters (non-IBCLCs)	-	\$2	\$1	\$1	\$2	
Students	-	\$2	\$1	\$1	\$2	
Retired	-	\$1	\$1	\$1	\$2	
<b>TOTAL \$</b>						

# Payment Information

Check      Credit card:  Discover  MasterCard  VISA    Credit Card Number \_\_\_\_\_  
 (payable to ILCA)    Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_    Signature \_\_\_\_\_

Questions? Please contact the ILCA membership team at 919.459.6108 or MEMBERSHIP@ILCA.ORG

## Personal Demographics

Information provided below will be used only by ILCA to better understand the members it serves.

### PROFESSION/CREDENTIALS SELECT ALL THAT APPLY

- IBCLC                       Educator/Researcher                       Nurse                       Other Lactation Cred./Cert.  
 Student                       Dietitian/Nutritionist                       Physician                       Therapist  
 Midwife                       Retired                       Volunteer                       Other (specify) \_\_\_\_\_

### AREAS OF PRACTICE SELECT ALL THAT APPLY

- Clinic/Birthing Center/Wards                       Hospital                       Retired  
 Community/Public Health/WIC                       Physician's Office                       Student  
 Corporate Lactation Program                       Private Practice                       Milk Banking  
 Educator/Course Provider                       Retail Sales                       Volunteer Support  
 Government/Military                       Research                       Other (specify) \_\_\_\_\_

## Communications Preferences

- ILCA sends electronic messages for the sake of sharing organizational information. Please check here if you prefer **TO BE INCLUDED** in these messages.
- ILCA makes available its mailing addresses to advertisers that are meeting their obligations under the International Code for the Marketing of Breast-Milk Substitutes and its subsequent resolutions. ILCA approves all mailings prior to delivery. Please check here if you prefer **TO BE INCLUDED** in these lists.
- ILCA sends out promotional emails on behalf of advertisers that are meeting their obligations under the International Code for the Marketing of Breast-Milk Substitutes and its subsequent resolutions. ILCA approves all emails prior to delivery and the actual email addresses are never shared with the advertiser. Please check here if you prefer **TO BE INCLUDED** in these emails.

## Category and Criteria for Eligibility

Countries are categorized by the World Bank Income Indicators. For more information about membership benefits for each category and criteria, please visit [www.ilca.org](http://www.ilca.org).

<b>A</b>	Andorra, Antigua and Barbuda, Aruba, Australia, Austria, The Bahamas, Bahrain, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Curaçao, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Guam, Hong Kong SAR, Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea (Rep.), Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macao SAR, Malta, Monaco, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Palau, Poland, Portugal, Puerto Rico, Qatar, San Marino, Saudi Arabia, Seychelles, Singapore, Sint Maarten (Dutch part), Slovak Republic, Slovenia, Spain, St. Kitts and Nevis, St. Martin (French part), Sweden, Switzerland, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, Uruguay, Virgin Islands (U.S.)
<b>B</b>	Albania, Algeria, American Samoa, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Croatia, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Grenada, Guyana, Iran (Islamic Rep.), Iraq, Jamaica, Kazakhstan, Lebanon, Libya, Macedonia, FYR, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Nauru, Panama, Paraguay, Peru, Romania, Russian Federation, Samoa, Serbia, South Africa, St. Lucia, St. Vincent and the Grenadines, Suriname, Thailand, Tonga, Turkey, Turkmenistan, Tuvalu, Venezuela RB
<b>C</b>	Angola, Armenia, Bangladesh, Bhutan, Bolivia, Cabo Verde, Cambodia, Cameroon, Congo, Rep., Côte d'Ivoire, Djibouti, Egypt (Arab Rep.), El Salvador, Georgia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Kiribati, Kosovo, Kyrgyz Republic, Lao PDR, Lesotho, Mauritania, Micronesia (Fed. Sts.), Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, São Tomé and Príncipe, Solomon Islands, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tajikistan, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen (Rep.), Zambia
<b>D</b>	Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Congo (Dem. Rep.), Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Haiti, Korea, Dem. People's Rep., Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Tanzania, Togo, Uganda, Zimbabwe
<b>Student</b>	To qualify as a student member, an individual must list the educational institution being attended along with the course provider's name. Individuals may only be student members for a total of two (2) years.
<b>Retired</b>	To qualify as a retired member, an individual must be at least 62 years of age and have been a member of ILCA for a minimum of five (5) non-contiguous years. By applying as a retired member, an individual is affirming their status of eligibility.
<b>Clinical Professional</b>	To qualify as a Clinical Care Professional member, one must be non-IBCLC practitioner whose scope of practice includes the clinical care of breastfeeding families. Examples include physicians, midwives, nurses, etc.
<b>Supporter</b>	To qualify as a supporter member, one must be a non-IBCLC whose scope of practice or role in the community is the support of the normal course of breastfeeding. Examples include volunteers with new family support groups, peer counselors, and lactation counselors.

110 HORIZON DRIVE, SUITE 210, RALEIGH, NORTH CAROLINA, 27615, USA