

# 2019 MEMBERSHIP APPLICATION

FAX TO 1-919-459-2075

INFO@ILCA.ORG

YOU  
belong  
at ilca

**YES! I WANT TO JOIN ILCA!**  
Please sign me up today.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_ Institution/Course Provider (if student) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Territory \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Credentials \_\_\_\_\_ IBCLC  Yes  No IBCLC# \_\_\_\_\_ Recertification Year \_\_\_\_\_

## PLUS, I want to be an ILCA Benefactor!

You'll have the opportunity to support scholarships for those who are currently unable to access ILCA membership, which will increase knowledge for IBCLCs all over the world. All benefactors will receive recognition in the *Journal of Human Lactation*, the ILCA website, and on a ribbon at the ILCA conference.

## Personal Demographics

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

### PROFESSION/CREDENTIALS SELECT ALL THAT APPLY

- |                                  |   |                                    |  |
|----------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> IBCLC   | <input type="checkbox"/> Educator/Researcher    | <input type="checkbox"/> Nurse     | <input type="checkbox"/> Other Lactation Cred./Cert. |
| <input type="checkbox"/> Student | <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Physician | <input type="checkbox"/> Therapist                   |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Retired                | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (specify) _____       |

### AREAS OF PRACTICE SELECT ALL THAT APPLY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Clinic/Birthing Center/Wards | <input type="checkbox"/> Hospital           | <input type="checkbox"/> Retired               |
| <input type="checkbox"/> Community/Public Health/WIC  | <input type="checkbox"/> Physician's Office | <input type="checkbox"/> Student               |
| <input type="checkbox"/> Corporate Lactation Program  | <input type="checkbox"/> Private Practice   | <input type="checkbox"/> Milk Banking          |
| <input type="checkbox"/> Educator/Course Provider     | <input type="checkbox"/> Retail Sales       | <input type="checkbox"/> Volunteer Support     |
| <input type="checkbox"/> Government/Military          | <input type="checkbox"/> Research           | <input type="checkbox"/> Other (specify) _____ |

## Communications Preferences

Please indicate the communications you would like to receive from ILCA:

- ILCA member news and membership updates
- Journal of Human Lactation and SAGE Publication news and updates
- Third party mailings approved by ILCA
- Third party emails approved by ILCA

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# Membership Fees and Payment

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

MEMBER TYPE	2019 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>						

## 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, Argentina, Aruba, Australia, Austria, The Bahamas, Bahrain, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Croatia, 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, Panama, 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, Armenia, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Grenada, Guatemala, Guyana, Iran (Islamic Rep.), Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Macedonia, FYR, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Nauru, 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, Bangladesh, Bhutan, Bolivia, Cabo Verde, Cambodia, Cameroon, Congo, Rep., Côte d'Ivoire, Djibouti, Egypt (Arab Rep.), El Salvador, Georgia, Ghana, Honduras, India, Indonesia, 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, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, 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, Syrian Arab Republic, Tajikistan, Tanzania, Togo, Uganda, Yemen (Rep.), 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.

## Payment Information

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