

2018 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 Date _____

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

- 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.

Each One Reach One Program

WHO INTRODUCED YOU TO ILCA?

The member who recruits the most new members in each of the following categories will receive a free membership.

- ILCA Member _____ Course Director/Speaker/Educator _____
 Partner Organization _____

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

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
	BRONZE	SILVER	GOLD			
Category A Countries						
	Print JHL	Online JHL				
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	
Category B Countries						
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	
Category C Countries						
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	
Category D Countries						
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	
TOTAL \$						

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.

A	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	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
C	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
D	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
Student	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.
Retired	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.
Clinical Professional	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.
Breastfeeding	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 Credit card: Discover MasterCard VISA Credit Card Number _____
 (payable to ILCA) Security Code _____ Exp. Date _____ Signature _____