

YOU belong at ILCA

Membership Application

Fax: 1.919.459.2075 • Email: info@ilca.org

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 _____

Would you like to be included on ILCA's Find a Lactation Consultant Directory (IBCLC members only)? Yes No

■ **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 or conferences, 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"/> Student	<input type="checkbox"/> Midwife
<input type="checkbox"/> Educator/Researcher	<input type="checkbox"/> Dietitian/Nutritionist	<input type="checkbox"/> Retired
<input type="checkbox"/> Nurse	<input type="checkbox"/> Physician	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other Lactation Cred./Cert.	<input type="checkbox"/> Therapist	<input type="checkbox"/> Other (specify) _____

Areas of Practice *(select all that apply)*

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

Communications Preferences

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

<input type="checkbox"/> ILCA member news and membership updates	<input type="checkbox"/> <i>Journal of Human Lactation</i> and SAGE Publication news and updates	<input type="checkbox"/> Third party emails and mailings 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	INDIVIDUAL DUES	ILCA BENEFACTOR RATES (OPTIONAL)			TOTAL DUES \$USD
		BRONZE	SILVER	GOLD	
Category A Countries					
Standard (IBCLCs)	\$132	\$25	\$50	\$100	\$ _____
Clinical Care Professionals (non-IBCLCs)	\$124	\$25	\$50	\$100	\$ _____
Supporters (non-IBCLCs)	\$85	\$25	\$50	\$100	\$ _____
Students	\$85	\$25	\$50	\$100	\$ _____
Retired	\$58	\$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					\$ _____

Payment Information

___ **Check** (payable to ILCA) **Credit Card:** ___ Discover ___ MasterCard ___ VISA

Credit Card Number _____ Security Code _____

Signature _____ Exp. Date _____

If you are from a category A country, you have the option of receiving the JHL in print and online OR online only. Please choose:
 ___ Print and Online JHL ___ Online only JHL

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.

Category 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, 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, 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.)

Category B: Albania, Algeria, American Samoa, Argentina, Armenia, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Georgia, Grenada, Guatemala, Guyana, Iran (Islamic Rep.), Iraq, Jamaica, Jordan, Kazakhstan, Kosovo, Lebanon,

Libya, Macedonia, FYR, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Nauru, Paraguay, Peru, Romania, Russian Federation, Samoa, Serbia, South Africa, Sri Lanka, St. Lucia, St. Vincent and the Grenadines, Suriname, Thailand, Tonga, Turkey, Turkmenistan, Tuvalu, Venezuela RB

Category C: Angola, Bangladesh, Bhutan, Bolivia, Cabo Verde, Cambodia, Cameroon, Comoros, Congo, Rep., Côte d'Ivoire, Djibouti, Egypt (Arab Rep.), El Salvador, Ghana, Honduras, India, Indonesia, Kenya, Kiribati, Kyrgyz Republic, Lao PDR, Lesotho, Mauritania, Micronesia (Fed. Sts.), Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, São Tomé and Príncipe, Senegal, Solomon Islands, Sudan, Swaziland, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Zambia, Zimbabwe

Category D: Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Congo (Dem. Rep.), Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Haiti, Korea, Dem. People's Rep., Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Puerto Rico, Rwanda, Sierra Leone, Somalia, South Sudan, Syrian Arab Republic, Tajikistan, Tanzania, Togo, Uganda, Yemen (Rep.)

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-consecutive years. By applying as a retired member, an individual is confirming their status of eligibility.

Clinical Care Profession: 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.

Supporter: 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.