



Application to List Your Services on NYLCA.org
Form IIId: About Your Office Visits

Office Visits: Please complete the following information for each office:

first name: last name:

may we put the location of this office on a map? yes no

facility (if applicable):

street address: city: state:

is a scale available? yes no

is breast pump rental available? yes no

first name: last name:

may we put the location of this office on a map? yes no

facility (if applicable):

street address: city: state:

is a scale available? yes no

is breast pump rental available? yes no

Submission: *SUBMIT FORM I* along with this form, otherwise your application will not be considered.

via email: pres@nylca.org

- or -

via snail mail:

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