



Application to List Your Services on NYLCA.org
Form I: Contact Information and Signed Agreement

Contact Information: Please complete the following information:

first name: last name:
are you an IBCLC? [] yes if yes, IBCLC#: year first certified: [] no
other credentials: name of business:
mailing address: city:
state: zip code: business phone:
email: website:
what type of NYLCA member are you? [] IBCLC [] Affiliate renewal date:

Terms of Agreement: Please read the Terms of Agreement for a Listing on the NYLCA Website. If you agree to these terms, please fill in your name, signature and date below:

I, (name) do hereby verify that I have read, understood, and agree to comply with the "Terms of Agreement for a Listing on the NYLCA Website". I understand that I may be removed from the website if I violate these terms. I also understand that I may request my contact information and services be removed from this website at any time.

Signature Date:

Submission: Please submit this form along with the form(s) for each service (IIa-e) you want listed.

via email: pres@nylca.org - or - via snail mail: Susan E. Burger, MHS, PhD, IBCLC
NYLCA President
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