



Application for Membership

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:

Membership Dues: Please enclose a check or money order in the amount of:

\$40 for IBCLC Members

\$25 for Affiliate Members (nonIBCLCs)

Submit Application: Please mail the completed form and payment to:

Susan E. Burger, MHS, PhD, IBCLC
NYLCA President
216 West 89th St. #3C
New York, NY 10024