

Membership and Donation Form

www.BreastfeedingUSA.org

Member Information *required	177 11 11 11 11 11 11 11 11 11	Your personal information will only be used for member communications in accordance with our privacy policy.
Title	Address 1 _	
*First Name	Address 2	
Middle Initial	City/Town	
*Last Name	State/Area	
*Email	Zip/Post _ Code	
Telephone	Country _	
Join and Donate	Benefits of Membership: Er	npowering you with mother-to-mother support
\$ Regular Membership, \$25/yr.	 Monthly e-newsletter, Breastfeedi Welcome to submit guest contribution 	ing USA Horizons
\$ Donation	Members' Only Online Yahoo Gro	
\$ Total	May apply for Breastfeeding CourAdvance notice of program develo	selor Training (see additional requirements) opments and news
Make check payable to: Breastfeeding USA Please mail to: 1507 Pearl Street Alameda, CA 94501 Thank you for supporting the Breastfeeding USA mission to provide evidence-based	Resources And Information Departmassistance to Breastfeeding Counse \$750 provides start-up funds for ten	Breastfeeding Counselor candidate lactation journal used by the Breastfeeding nent (BRAID) to provide technical elors
breastfeeding information and support, and promote breastfeeding as the biological and cultural norm.	Counselors and the mothers who se	
501(c)(3) tay deductible popprofit organization FIN 27-3310000		