

# Louisiana Breastfeeding Coalition

Louisiana Maternal and Child Health Coalition  
P.O. Box 65047, Baton Rouge, Louisiana 70896  
Telephone: (225) 379-7922 • Fax: (225) 379-7921

## Member Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Alternate number \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Please list any other organizations for which you have or are presently volunteering.

Do you have any breast feeding experience, including exposure to family or friends who breastfed?

How do you see yourself contributing to the Louisiana Breastfeeding Coalition?

Membership Dues:

\$15 for membership year (July 1<sup>st</sup> - June 30<sup>th</sup>)

Checks may be made payable to Louisiana Maternal and Child Health Coalition and mailed to:

Louisiana Maternal and Child Health Coalition  
Attn: Louisiana Breastfeeding Coalition  
P.O. Box 65047  
Baton Rouge, LA 70896

Date \_\_\_\_\_ Signature \_\_\_\_\_