



ILCA

A WORLDWIDE NETWORK OF LACTATION PROFESSIONALS

2013 Group Discount Membership Transmittal Form

Our hope is the Group Discount program will encourage new members to join; why not ask your new colleagues or newly certified LC's to pay with your group and save? Remember—all new members count towards reaching the eligibility requirements for the Each One Reach One program. Make sure they add your name as the person who introduced them to ILCA!

Program requirements

- A minimum of three individuals must be included to be eligible for the group discount.
- All memberships under the group discount must be paid by one payment; one check or one credit card must be sent for payment of all.
- **New members** must submit the first page of a completed application.
- **Renewing members**, if your address or other contact info has not changed, you do not need to submit a form; simply enter your name on this transmittal form.
- The group discount rates expire 3/15/2013 so paperwork must be postmarked by that date.
- Members may not be changed or substituted during the membership year.
- To ensure timely receipt of your February 2013 JHL and be on the first list sent to the publisher, all forms must be received in the ILCA office by December 17, 2012. Forms may still be submitted after this date, and you will still receive your February Journal, but it may be late.

Questions? Please see our Frequently Asked Questions on reverse side of form for answers!

Name of organization/affiliate/group Hidalgo CO. WIC Program Primary Contact Norma Longoria
 Address 3105 W. State Hwy .107
 City Edinburg State/ Province Tx. USA. Postal/Zip Code 78539
 Country US Contact Email norma.longoriaawic.co.hidalgo.tx.us
 Member 1 Norma L. Longoria Member _____
 Member 2 Diana Cardona Member _____
 Member 3 Sandra Escamilla Member _____
 (list additional members on separate sheet)

Group Discount Membership Rates:

United States: ILCA/USLCA – US\$178 per member

Canada: ILCA/CLCA – CAN\$163 per member

All other countries: Please see an individual membership application or <http://www.ilca.org/i4a/pages/index.cfm?pageid=1> for a list of country group classifications.

Group A: US\$115 per member **Group C:** US\$77 per member
Group B: US\$95 per member **Group D:** US\$65 Per member

Worksheet:

\$ 178.00 (discounted dues amount from chart)

X 3 (number of members participating)

equals

\$ 534.00 (total payment)

Payment must be in US Funds, except Canada members, who can pay by check or credit card in Canadian funds, but must mail their payments to the address below:

U.S. and Other Countries (excluding Canada-New Zealand-Australia): **Payments must be in U.S. funds** (except Canada members). **Make checks payable to ILCA and mail to:**
 ILCA Membership Renewals, 2501 Aerial Center Parkway,
 Suite 103, Morrisville, NC 27560 USA

Canadian Members, please **make checks payable to CLCA**.
Payments may be made in Canadian funds, and checks should be **mailed to:**
 CLCA Membership Renewals, 4608 4th Ave, Regina SK
 Canada S4T 0H9
Sorry, no credit card payments can be accepted from Canadian members at this time.

How Many Members in Group? _____ Total Payment: \$ _____ Check # _____
 Visa/MasterCard/Discover # _____ Exp. Date _____ CVS Code _____
 (will be charged in US funds, and Foreign Currency Transaction Exchange Rate fees may apply)
 Authorized Signature _____ Printed Name _____

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Sandra Escamilla, do hereby state that my membership in the International Lactation Consultant Association on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official employee of Hidalgo County. I further state to the best of my knowledge and belief the following:

1. My participation in the association or organization is for the betterment of County Government and the benefit of me as a County official or employee;
2. The association or organization is not affiliated with a labor organization;
3. Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature.
4. The association or organization may provide information for a member of the legislature to appear before a legislative committee at the request of the committee or member of the legislature to provide information related to County Government, but not to attempt to influence legislation; and
5. Neither the association nor organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

SIGNATURE: _____

TITLE: Lactation Consultant

DATE: 10/17/12

Before me Monica Badillo, a Notary Public, appeared Sandra Escamilla and on his/her oath depose and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



Monica Badillo
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT:	LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES:	LGC § 89.002

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Diana Cardona, do hereby state that my membership in the International Lactation Consultant Association on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official employee of Hidalgo County. I further state to the best of my knowledge and belief the following:

1. My participation in the association or organization is for the betterment of County Government and the benefit of me as a County official or employee;
2. The association or organization is not affiliated with a labor organization;
3. Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature.
4. The association or organization may provide information for a member of the legislature to appear before a legislative committee at the request of the committee or member of the legislature to provide information related to County Government, but not to attempt to influence legislation; and
5. Neither the association nor organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

SIGNATURE: _____

[Handwritten Signature]

DATE: 10-17-12

TITLE: Breastfeeding Coordinator

Before me Monica Badillo, a Notary Public, appeared Diana Cardona, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



[Handwritten Signature]
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT:	LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES:	LGC § 89.002



International Lactation Consultant Association 2013 Membership Application

ILCA's Vision

A worldwide network of lactation professionals.

ILCA's Mission

To advance the profession of lactation consulting through leadership, advocacy, professional development, and research.

Please print clearly. This is your mailing address!

First Name Norma Last Name Longoria
Address 3105 W.State 107
City Edinburg
State/Province/Territory Texas
Country USA Postal/Zip Code 78539
Address Type: Home Business Hidalgo Co.WIC Program
Primary Communication Method for FALC Directory* (see below):
 Home Phone # Business Phone # Email

Credentials (12 space max) M.S.,L.D.
IBCLC? Yes No
IBCLC Number _____
Recertification Date _____
Home Phone # _____
Business Phone # (956)381-4646
Email norma.longoriaawic.co.hidalgo.tx.us
Website _____

Areas of Practice (check all that apply)

For a more comprehensive listing of areas of practice, please login to www.ilca.org, and choose Update Profile. The Custom Page has more selections; hold down your CTRL (Control) Key to select more than one.

- Hospital Private Practice Community/Public Health/WIC Government Retired Student

Languages Spoken English & Spanish

Lactation Expertise (check all that apply)

- Basic breastfeeding technique and management Breastfeeding multiples Premature infants
 Breastfeeding infants with anatomical challenges Breastfeeding infants with neurological disorders NICU

Directory Listings (ILCA's website has two online directories! Unless you "OPT OUT" below, you will be listed.)

- ILCA has an online Membership Directory (private listing—only ILCA members can view).
 I CHOOSE TO OPT OUT OF THE MEMBERSHIP DIRECTORY
- ILCA members with the IBCLC credential are included in ILCA's online referral directory "Find A Lactation Consultant" (FALC). *This public listing includes your name, address & primary contact information.
 I CHOOSE TO OPT OUT OF THE FALC DIRECTORY

FALC Address (No P.O. Boxes)	_____
FALC Address (City, State/Province/Territory)	_____
FALC Address (Country, Postal Code)	_____
- Periodically, the ILCA membership address list (no phones or emails) is rented. All mailings are approved by ILCA before the list is rented, to be sure the mailing is of interest to our members.
 I CHOOSE TO OPT OUT OF MAILING LISTS RENTALS

Each One Reach One (EORO)

Who introduced you to ILCA? Would you like the person who invited you to join ILCA to be eligible to earn **FREE Conference Registration** through our **Each One Reach One** program? Be sure to list their name here. The awards are given in different categories for those who recruit the most new members. (select only one) DIANA Cardona

For more info about the EORO program, see <http://www.ilca.org/i4a/pages/index.cfm?pageid=3301>

- ILCA Member _____
 Course Director/Speaker/Educator _____
 Affiliate or Chapter _____

Did you learn about ILCA from a Conference? If yes, which one?

- ABM ACNM AWHONN CIMS HARTMANN-HALE ICEA LA LECHE LAMAZE OTHER _____

continued on next page

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

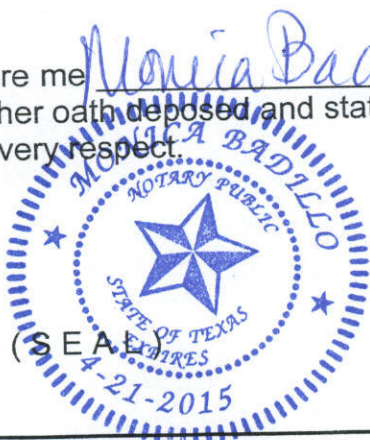
I, Norma Longoria, do hereby state that my membership in the International Lactation Consultant Association on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official employee of Hidalgo County. I further state to the best of my knowledge and belief the following:

1. My participation in the association or organization is for the betterment of County Government and the benefit of me as a County official or employee;
2. The association or organization is not affiliated with a labor organization;
3. Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature.
4. The association or organization may provide information for a member of the legislature to appear before a legislative committee at the request of the committee or member of the legislature to provide information related to County Government, but not to attempt to influence legislation; and
5. Neither the association nor organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

SIGNATURE: Norma Longoria
TITLE: Hidalgo County WIC Director

DATE: 10/17/12

Before me Monica Badillo, a Notary Public, appeared Norma Longoria, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



Monica Badillo
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT:	LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES:	LGC § 89.002