



ILCA

A WORLDWIDE NETWORK OF LACTATION PROFESSIONALS

2014 Group Discount Membership Transmittal Form

Join or renew memberships as a group and SAVE! **The deadline for group savings is March 15, 2014*.**

Program requirements

- A minimum of three individuals must be included to be eligible.
- All group memberships must be paid by one payment.
- New members must submit a new membership application enclosed at the end of this form (please make additional copies as needed).
- Renewing members do not need to submit a membership application; enter those names below.

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

Name of organization/affiliate/group Hidalgo Co. WIC Program Primary Contact Norma Longoria
 Address 3105 W. University
 City Edinburg State/Province Tx, USA Postal/Zip Code 78539
 Country US Contact Email norma.longoria@wic.co.hidalgo.tx.us
 Member 1 Norma 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\$167 per member
Australia: ILCA/LCANZ- AUD\$223 per member
 (AUD\$10.36 GST)
New Zealand: ILCA/LCANZ- NZD \$246 per member (GST free)
Other countries: Please visit www.ilca.org 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)


All payments must be in the funds indicated above and must be mailed with all completed paperwork to the appropriate address below:

U.S. and Other Countries: checks payable to ILCA
 ILCA Membership Renewals
 2501 Aerial Center Parkway, Suite 103
 Morrisville, NC 27560 USA



Canada: make cheques payable to CLCA
 CLCA Membership Renewals
 247-23 Ave. N.W.
 Calgary, AB T2M 1S3

Credit card payments cannot be accepted for group memberships at this time.



Australia/New Zealand: make payments to LCANZ
 LCANZ Membership Renewals
 PO Box 576
 Crows Nest NSW 1585 Australia

EFT Direct Credit: ANZ Bank (New Zealand)
 Account: Lactation Consultants of Aust & NZ Ltd
 Account #: 01-1845-0005043-00
 Ref: Surname+initial+MEMB2014



How Many Members in Group? _____ Total Payment: \$ _____ Check # _____
 Visa/MasterCard/Discover # _____ Exp. Date _____ CVS Code _____
 Authorized Signature _____ Printed Name _____

*All group forms and payments must be postmarked by the deadline of March 15, 2014. Any forms submitted after December 17, 2013 may result in delayed delivery of the February 2014 Journal of Human Lactation.
 +If a renewing member's contact information has changed, that individual will need to update their profile by visiting the members' only section of ILCA's website at www.ilca.org.

INTERNATIONAL LACTATION CONSULTANT ASSOCIATION*

2501 AERIAL CENTER PARKWAY, SUITE 103 - MORRISVILLE, NC 27560 USA
 PHONE: 1-919-861-5577 - FAX: 1-919-459-2075 - E-MAIL: INFO@ILCA.ORG - WEBSITE: WWW.ILCA.ORG

Group Transmittal.2014

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Norma Longoria, do hereby state that membership in the International Lactation Consultant Ass., and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
 - Publications
 - Periodicals
 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

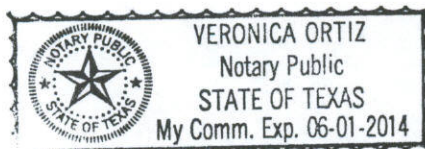
I further state that International Lactation Consultant^{Ass.} is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Norma Longoria
TITLE: WLC Director

DATE: 11-8-13

Before me Veronica Ortiz, 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.

(SEAL)



Veronica Ortiz
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026

COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Sandra Escamilla, do hereby state that membership in the International Lactation Consultant Ass., and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

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- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
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 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

I further state that International Lactation Consultant is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: [Signature]

DATE: 11-12-13

TITLE: Lactation Specialist - IBCLC-RLC

Before me Veronica Ortiz, a Notary Public, appeared Sandra Escamilla, 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.

(SEAL)



Veronica Ortiz
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Diana Cardona, do hereby state that membership in the International Lactation Consultant Ass., and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
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FOR STATEWIDE ASSOCIATIONS ONLY

I further state that International Lactation Consultant Ass. is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Diana Cardona
TITLE: Breastfeeding Coordinator

DATE: 12/2/2013

Before me Veronica Ortiz, 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.

(SEAL)



Veronica Ortiz
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
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