

**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 Association, 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 Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Norma L Longoria
TITLE: MS, LD, LC, WIC Director

DATE: 12/3/14

Before me Rebecca Gomez, a Notary Public, appeared Norma L. Longoria, 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.



Rebecca Gomez
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

Latch On to ILCA®

ILCA, 2501 Aerial Center Parkway, Suite 103,
Morrisville, NC 27560 USA
Fax to 1-919-459-2075
info@ilca.org

2015 Membership Application

YES! I want to Join ILCA! Please sign me up today*.

First Name Norma Last Name Longoria

Company Hidalgo County WIC Program

Institution/Course Provider (if student) _____

Mailing Address 3105 W. University City Edinburg

State/Province/Territory TX Postal/Zip Code 78539 Country USA

Phone (956)381-4646 Email Norma.Longoria@wic.co.hidalgo.tx.us ILCA Member ID: 151966

Credentials MS, I.D., L.C. IBCLC Yes No IBCLC# _____ Recertification Date _____

PLUS I want to be an ILCA Benefactor for ONLY \$25 or more!

Formerly known as Contributing member. You'll have the satisfaction of knowing that the ILCA programs you care about – worldwide advocacy, research, scholarships - were all made possible by your additional support. All members will receive recognition in the *Journal of Human Lactation*, the ILCA Website, and on a ribbon at the ILCA Conference.

I am joining as part of a group of five (5) or more individuals to receive a 10% discount.

All group member applications must be completed and mailed together to the ILCA office with only one payment. If fewer than five applications are submitted, each person will be charged the full membership rate.

*ILCA's membership runs on a calendar year (1 January – 31 December). Regardless of when you join, there is not a pro-rated option and you will still receive all the JHL issues for 2015 and have access to all the membership benefits.

Personal Demographics

Information provided below will be used only by ILCA to better understand the members it serves.

Profession/Credentials Select all that apply.

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> IBCLC | <input type="checkbox"/> Educator/Researcher | <input type="checkbox"/> Nurse | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other Lactation Credential | <input checked="" type="checkbox"/> Dietician/Nutritionist | <input type="checkbox"/> Physician | <input type="checkbox"/> Therapist |
| | <input type="checkbox"/> Midwife | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify) _____ |

Areas of Practice Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Clinic/Birthing Center/Wards | <input type="checkbox"/> Hospital | <input type="checkbox"/> Retired |
| <input checked="" type="checkbox"/> Community/Public Health/WIC | <input type="checkbox"/> Physician's Office | <input type="checkbox"/> Student |
| <input type="checkbox"/> Corporate Lactation Programs | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Milk Banking |
| <input type="checkbox"/> Educator/Course Provider | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Government/Military | <input type="checkbox"/> Research | |

Communication Preferences

- ILCA members that hold an IBCLC Certification receive an online listing in ILCA's Find a Lactation Consultant directory. Once your membership has been processed, you will receive additional information about activating your directory listing. Please check here if you prefer to not be included in the directory.
- ILCA makes available its member's addresses to advertisers that are meeting their obligations under the International Code for the Marketing of Breast-Milk Substitutes and its subsequent resolutions. ILCA approves all mailings prior to delivery. Please check here if you prefer not to be included in these lists.
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Each One Reach One Program

Who introduced you to ILCA?

The member who recruits the most new members in each of the following categories will receive a free membership.

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

Membership Fees and Payment

Please refer to the table provided below to determine your membership category. All rates are in US currency.

Member Type	Membership Rates USD (choose ONLY ONE)		ILCA Benefactor Status (optional)			TOTAL DUES \$USD
	Individual	Group	Bronze	Silver	Gold	
Category A	<input checked="" type="checkbox"/> \$130	<input type="checkbox"/> \$117	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category B	<input type="checkbox"/> \$107	<input type="checkbox"/> \$97	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category C	<input type="checkbox"/> \$87	<input type="checkbox"/> \$79	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category D	<input type="checkbox"/> \$74	<input type="checkbox"/> \$67	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Student	<input type="checkbox"/> \$69	n/a	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Retired	<input type="checkbox"/> \$69	n/a	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$

TOTAL \$

Category & Criteria for Eligibility

Countries are categorized by the World Bank income indicators

A	Reside in one of the following countries: Andorra, Antigua and Barbuda, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Croatia, Curacao, Cyprus, Czech Republic, Denmark, Equatorial Guinea, Estonia, Faeroe Islands, Finland, France, French Polynesia, Germany, Greece, Greenland, Guam, Hong Kong SAR (China), Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea (Rep.), Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macao SAR (China), Malta, Monaco, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Poland, Portugal, Puerto Rico, Qatar, Russian Federation, San Marino, Saudi Arabia, Singapore, Saint Maarten (Dutch part), Slovak Republic, Slovenia, Spain, St. Kitts and Nevis, St. Martin (French part), Sweden, Switzerland, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, Uruguay, Virgin Islands (US)
B	Reside in one of the following countries: Albania, Algeria, American Samoa, Angola, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Fiji, Gabon, Grenada, Hungary, Iran (Islamic Rep.), Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Macedonia (FYR), Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Palau, Panama, Peru, Romania, Serbia, Seychelles, South Africa, St. Lucia, St. Vincent and the Grenadines, Suriname, Thailand, Tonga, Tunisia, Turkey, Turkmenistan, Tuvalu, Venezuela (RB)
C	Reside in one of the following countries: Armenia, Bhutan, Bolivia, Cabo Verde, Cameroon, Congo (Rep.), Côte d'Ivoire, Djibouti, Egypt (Arab Rep.), El Salvador, Georgia, Ghana, Guatemala, Guyana, Honduras, India, Indonesia, Kiribati, Kosovo, Kyrgyz Republic, Lao PDR, Lesotho, Mauritania, Micronesia (Fed. Sts.), Moldova, Mongolia, Morocco, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Paraguay, Philippines, Samoa, São Tomé and Príncipe, Senegal, Solomon Islands, South Sudan, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Timor-Leste, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen (Rep.), Zambia
D	Reside in one of the following countries: Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Congo (Dem. Rep.), Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Korea (Dem. Rep.), Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sierra Leone, Somalia, Tajikistan, Tanzania, Togo, Uganda, Zimbabwe
Student	To qualify as a student member, an individual must list the educational institution being attended along with the Course provider's name. Individuals may only be student members for a total of two (2) years.
Retired	To qualify as a retired member, an individual must be at least 62 years of age and have been a member of ILCA for a minimum of five (5) non-contiguous years. By applying as a retired member, an individual is affirming their status of eligibility.
Group	To qualify for the group membership discount, five (5) or more applications must be submitted at the same time. All applications for a group must be mailed to the ILCA Office with only one payment. Each individual in the group must complete an application. Online applications and payments are not permitted.

Payment Information

Check (payable to ILCA)

Credit card: Discover MasterCard VISA

Credit Card Number _____

Security Code _____ Exp. Date _____

Signature _____

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

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Esther Burlene Carrizales, do hereby state that membership in the International Lactation ^{Consultant} Association, 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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 - Annual Conference
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 - Representation
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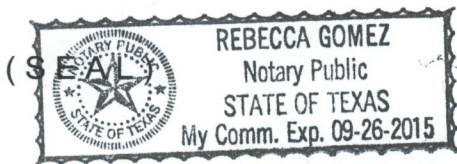
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: Esther Burlene Carrizales
TITLE: RN, IBCLC, RLC

DATE: 11-20-14

Before me Rebecca Gomez, a Notary Public, appeared Esther B. Carrizales, 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.



Rebecca Gomez
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



ILCA, 2501 Aerial Center Parkway, Suite 103,
 Morrisville, NC 27560 USA
 Fax to 1-919-459-2075
 info@ilca.org

2015 Membership Application

YES! I want to Join ILCA! Please sign me up today*.

First Name Esther Last Name Carrizales

Company Lactation Care Center

Institution/Course Provider (if student) _____

Mailing Address 3105 W. University City Edinburg

State/Province/Territory Tx Postal/Zip Code 78539 Country USA

Phone (956)292-77711 Email esther.carrizales@wlc.co.hidalgo.tx.us ILCA Member ID: _____

Credentials RN IBCLC Yes No IBCLC# 11242847 Recertification Date 2017

PLUS I want to be an ILCA Benefactor for ONLY \$25 or more!
Formerly known as Contributing member. You'll have the satisfaction of knowing that the ILCA programs you care about – worldwide advocacy, research, scholarships - were all made possible by your additional support. All members will receive recognition in the *Journal of Human Lactation*, the ILCA Website, and on a ribbon at the ILCA Conference.

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- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> IBCLC | <input type="checkbox"/> Educator/Researcher | <input checked="" type="checkbox"/> Nurse | <input type="checkbox"/> Student |
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| | <input type="checkbox"/> Midwife | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify) _____ |

Areas of Practice Select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinic/Birthing Center/Wards | <input checked="" type="checkbox"/> Hospital | <input type="checkbox"/> Retired |
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| <input type="checkbox"/> Corporate Lactation Programs | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Milk Banking |
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B	Reside in one of the following countries: Albania, Algeria, American Samoa, Angola, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Fiji, Gabon, Grenada, Hungary, Iran (Islamic Rep.), Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Macedonia (FYR), Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Palau, Panama, Peru, Romania, Serbia, Seychelles, South Africa, St. Lucia, St. Vincent and the Grenadines, Suriname, Thailand, Tonga, Tunisia, Turkey, Turkmenistan, Tuvalu, Venezuela (RB)
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D	Reside in one of the following countries: Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Congo (Dem. Rep.), Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Korea (Dem. Rep.), Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sierra Leone, Somalia, Tajikistan, Tanzania, Togo, Uganda, Zimbabwe
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Credit card: Discover MasterCard VISA

Credit Card Number _____

Security Code _____ Exp. Date _____

Signature _____

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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
Lectation Consultant Association, 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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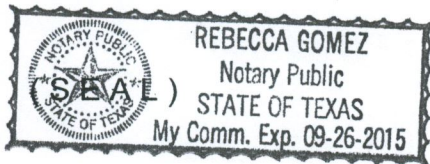
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: Sandra Escamilla
TITLE: IBCLC

DATE: 12/03/14

Before me Rebecca Gomez, 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.



Rebecca Gomez
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

Latch On to ILCA®

ILCA, 2501 Aerial Center Parkway, Suite 103,
Morrisville, NC 27560 USA
Fax to 1-919-459-2075
info@ilca.org

2015 Membership Application

YES! I want to Join ILCA! Please sign me up today*.

First Name Sandra Last Name Escamilla
 Company Hidalgo County WIC Program- Lactation Care Center
 Institution/Course Provider (if student) _____
 Mailing Address 3105 W. University City Edinburg
 State/Province/Territory TX Postal/Zip Code 78539 Country USA
 Phone (956)292-7711 Email sandra.escamilla@wic.co.hidalgo.tx.us ILCA Member ID: 151907
 Credentials _____ IBCLC Yes No IBCLC# 11195849 Recertification Date 2016

- PLUS I want to be an ILCA Benefactor for ONLY \$25 or more!**
*Formerly known as Contributing member. You'll have the satisfaction of knowing that the ILCA programs you care about – worldwide advocacy, research, scholarships - were all made possible by your additional support. All members will receive recognition in the *Journal of Human Lactation*, the ILCA Website, and on a ribbon at the ILCA Conference.*
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Areas of Practice Select all that apply.

- | | | |
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Student	To qualify as a student member, an individual must list the educational institution being attended along with the Course provider's name. Individuals may only be student members for a total of two (2) years.
Retired	To qualify as a retired member, an individual must be at least 62 years of age and have been a member of ILCA for a minimum of five (5) non-contiguous years. By applying as a retired member, an individual is affirming their status of eligibility.
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Payment Information

Check (payable to ILCA)

Credit card: Discover MasterCard VISA

Credit Card Number _____

Security Code _____ Exp. Date _____

Signature _____

**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, Diana Cardona, do hereby state that membership in the International
Actation Consultant Association, 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 Actation Consultant Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Diana Cardona*
TITLE: *Exec, Coordinator IV*

DATE: *12-3-2014*

Before me *Rebecca Gomez*, 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.



Rebecca Gomez
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



ILCA, 2501 Aerial Center Parkway, Suite 103,
 Morrisville, NC 27560 USA
 Fax to 1-919-459-2075
 info@ilca.org

2015 Membership Application

YES! I want to Join ILCA! Please sign me up today*.

First Name Diana Last Name Cardona

Company Hidalgo County WIC Program

Institution/Course Provider (if student) _____

Mailing Address 3105. W. University City Edinburg

State/Province/Territory TX Postal/Zip Code 78539 Country USA

Phone (956)381-4646 Email diana.cardona@wic.co.hidalgo.tx.us ILCA Member ID: 151905

Credentials Nutritionist. IBCLC Yes No IBCLC# 10726059 Recertification Date 10/31/17 *next one last = 2012*

PLUS I want to be an ILCA Benefactor for ONLY \$25 or more!
 Formerly known as Contributing member. You'll have the satisfaction of knowing that the ILCA programs you care about – worldwide advocacy, research, scholarships - were all made possible by your additional support. All members will receive recognition in the *Journal of Human Lactation*, the ILCA Website, and on a ribbon at the ILCA Conference.

I am joining as part of a group of five (5) or more individuals to receive a 10% discount.
 All group member applications must be completed and mailed together to the ILCA office with only one payment. If fewer than five applications are submitted, each person will be charged the full membership rate.

*ILCA's membership runs on a calendar year (1 January – 31 December). Regardless of when you join, there is not a pro-rated option and you will still receive all the JHL issues for 2015 and have access to all the membership benefits.

Personal Demographics

Information provided below will be used only by ILCA to better understand the members it serves.

Profession/Credentials Select all that apply.

- IBCLC
- Educator/Researcher
- Nurse
- Student
- Other Lactation Credential
- Dietician/Nutritionist
- Physician
- Therapist
- Midwife
- Retired
- Other (specify) _____

Areas of Practice Select all that apply.

- Clinic/Birthing Center/Wards
- Hospital
- Retired
- Community/Public Health/WIC
- Physician's Office
- Student
- Corporate Lactation Programs
- Private Practice
- Milk Banking
- Educator/Course Provider
- Retail Sales
- Other (specify) _____
- Government/Military
- Research

Communication Preferences

- ILCA members that hold an IBCLC Certification receive an online listing in ILCA's Find a Lactation Consultant directory. Once your membership has been processed, you will receive additional information about activating your directory listing. Please check here if you prefer to not be included in the directory.
- ILCA makes available its member's addresses to advertisers that are meeting their obligations under the International Code for the Marketing of Breast-Milk Substitutes and its subsequent resolutions. ILCA approves all mailings prior to delivery. Please check here if you prefer not to be included in these lists.
- ILCA sends out promotional emails to members on behalf of advertisers that are meeting their obligations under the International Code for the Marketing of Breast-Milk Substitutes and its subsequent resolutions. ILCA approves all emails prior to delivery and the actual email addresses are never shared with the advertiser. Please check here if you prefer not to be included in these emails.

Each One Reach One Program

Who introduced you to ILCA?

The member who recruits the most new members in each of the following categories will receive a free membership.

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

Membership Fees and Payment

Please refer to the table provided below to determine your membership category. All rates are in US currency.

Member Type	Membership Rates USD (choose ONLY ONE)		ILCA Benefactor Status (optional)			TOTAL DUES \$USD
	Individual	Group	Bronze	Silver	Gold	
Category A	<input checked="" type="checkbox"/> \$130	<input type="checkbox"/> \$117	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category B	<input type="checkbox"/> \$107	<input type="checkbox"/> \$97	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category C	<input type="checkbox"/> \$87	<input type="checkbox"/> \$79	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category D	<input type="checkbox"/> \$74	<input type="checkbox"/> \$67	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Student	<input type="checkbox"/> \$69	n/a	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Retired	<input type="checkbox"/> \$69	n/a	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
TOTAL \$						

Category & Criteria for Eligibility

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