

N Z L C A

NEW ZEALAND LACTATION CONSULTANTS ASSOCIATION (INC)

PO BOX 29-117 EPSOM, AUCKLAND 1344, NEW ZEALAND
www.nzlca.org.nz Email: membership@nzlca.org.nz

Membership /Subscriber Form - January 2018 to December 2018

TAX INVOICE: GST NO 60 561 222

All NZLCA members and subscribers receive the NZLCA electronic publication 'Staying Abreast'.

Name: _____

Address: _____

Ethnicity: _____ Iwi affiliation (if applicable): _____

Phone: _____(H) or _____(W) or _____(mobile)

Email _____

Workplace Position _____ Employed Self-Employed

Please tick the appropriate category: (Prices are GST inclusive (NZ\$))

MEMBER IBLCE NUMBER _____ \$ 100.00

SUBSCRIBER (not applicable to IBCLCs) \$ 50.00

DONATION to the NZLCA Education Fund (Donations of \$5.00 or more are tax deductible) \$ _____

TOTAL AMOUNT INCLUDED: \$ _____

Tick if paid by attached cheque

Tick if paid by internet banking NZLCA account: Kiwibank 38-9012-0851196-05

For internet banking ensure your name is clearly stated on the bank account details.

Print & send or scan & email your completed application form for our membership list.

Note: you are not a member until your payment appears on our bank statement.

Please tick if you are a Financial Member of ILCA (International Lactation Consultant Association)

ILCA Membership Number: _____

Tick **ONLY IF YOU DO NOT AGREE** to your name and contact details being given to other IBCLCs and also to organisations approved by NZLCA Executive.

Signature Date _____

Membership/subscriptions are for the period January through to December. If you join in October, November or December, your membership will be effective for the following membership year, and your first 'Staying Abreast' newsletter will be the following February issue.

OFFICE USE ONLY

Membership No. _____ Receipt No. Membership _____ Receipt No. Donation: _____

Entered into database (circle): Membership Directory Date paid _____ Cheque/Internet Letter Sent _____

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PLEASE READ THIS SECTION AND **ONLY COMPLETE IF APPLICABLE**

NZLCA DIRECTORY OF IBCLCs WHO ARE AVAILABLE FOR CONSULTATIONS

via www.nzlca.org.nz and 0800 452 282

This section is ONLY to be completed by NZLCA members who are also IBCLCs currently practising in New Zealand, who wish to have their name and telephone number in the NZLCA Directory. The Directory will be available to the NZLCA 0800 telephone coordinator and your name and number will be made available to members of the public seeking a Lactation Consultant. The information will also be available on-line on our web site at www.nzlca.org.nz for members of the public who are seeking a Lactation Consultant.

The information in this Directory will be held separately from the membership/subscriber list. The Directory is used to assist consumers to access a Lactation Consultant in their locality. Only provide those details which you wish to be given out to members of the public and only complete this section if you are available for consultation. The information given in the membership/subscription section on the previous page will not be sourced. The details you give will be used in accordance with the Privacy Act (1993).

Name: _____

Telephone _____(W) _____(Mobile) _____(H)

Email: _____

Website: _____

Geographical Area covered: _____

Cost of service: _____

Services offered:

private practice employed phone consult online clinic visits home visits

Working Days & Times Available: _____

Agreement is given to provide my details in this section to consumers seeking the services of a Lactation Consultant via NZLCA's 0800 number (0800 452 282) and website.

Signature

Date

Please help us by advising NZLCA of any changes to your details to membership@nzlca.org.nz
