



Retired Membership Eligibility

LCANZ recognises that many long-time members are no longer employed but still wish to remain informed and involved in the field of breastfeeding and lactation, perhaps through volunteering or mentoring of a future IBCLC. For that reason, LCANZ is able to offer a retired-level of membership.

Eligibility Criteria:

- Member must be 65 years of age or older
- Member must have been a member of LCANZ for a minimum of 2 years
- Member must sign statement affirming status as a retired person, who is not employed

To apply for retired membership, please complete the below membership application form and mark it "RETIRED" and enclose your payment, along with a copy of this signed retired membership affirmation.

DECLARATION

I hereby state that I am retired and I am no longer employed and wish to apply for Retired Membership of LCANZ.

Member's Name (please print clearly): _____

Member's Signature: _____

Date of Birth: _____

Email: _____



MEMBERSHIP UNDERTAKING (TO BE COMPLETED BY ALL MEMBERS)

I, _____ declare that whilst I am a member of the Lactation Consultants of Australia and New Zealand Ltd., I will support the organisation and its Purposes, and consider myself bound by the LCANZ and ILCA Constitutions.

Only IBCLCs who are LCANZ members have voting rights under the LCANZ Constitution and can list on the LCANZ Private Practice listings.

Signature _____

Date ___ / ___ / 20

**** Check whichever is applicable**

- Australia (prices inclusive GST)
- New Zealand (prices are GST free)

<input type="checkbox"/>	Full membership \$130	\$
<input type="checkbox"/>	Student Member \$75 (<i>Affirmation declaration is required</i>)	\$
<input type="checkbox"/>	Retired Member \$75 (<i>Affirmation declaration is required</i>)	\$
<input type="checkbox"/>	LCANZ Education Fund Donation	\$
	Total	\$

Membership details (please print clearly in black pen):

First Name _____ Last Name _____

Qualifications (12 space max) _____

IBCLC? No Yes IBCLC Number _____ Expires ___ / ___ / _____ (*provide latest certification*)
(*dd/mm/yyyy e.g. 10/10/2017*)

Address

Suburb _____ State _____ Postcode _____ Country _____

Phone: Home _____ Work: _____

Email:

What is your preferred method of contact? Email Post

Payment Method



Payment for : _____ (Membership/Seminar/Products)

Please take this as my authorisation and instruction to charge my credit card as follow:

Name _____

Credit Card (please tick below)

Mastercard Visa

Card Number

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Name on card _____

Expiry Date _____ ccv: _____

Amount:\$ _____

Signature _____

Date _____

Reference: _____

Contact number: _____ Email: _____

Australia	New Zealand
Direct Credit BSB: 017 042 Account #: 1820 48696	Direct Credit Account #: 01-1845-0005043-00
Bank: ANZ Your Bank Ref:	Bank: ANZ Your Bank Ref:
MEM18+Surname	MEM18+Surname



Additional Information

Language/s Spoken: English Others (please specify) _____

Areas of Practice (check all that apply)

- Hospital
- Community / Public Health
- Government
- Educator / Course Provider
- Doctor's Office
- Private Practice (please answer FALC question below)

Lactation Expertise (check all that apply)

- Basic breastfeeding technique and management
- Maternal Issues e.g. supply, mastitis
- Breastfeeding Multiples
- Premature Infants
- Breastfeeding Infants with anatomical challenges
- Breastfeeding Infants with neurological orders
- Worksite Lactation Support

Listing in Find a Lactation Consultant (FALC) on LANCZ Website/Database

Complete this section only if you are a member in Private Practice

Do you wish to be listed in FALC? Yes No (skip this section)

If Yes:

Name of Private Practice: _____

FALC Phone: _____ (include country/area code for NZ; area code for Aus)

FALC Email: _____ FALC Website: _____

Skype: _____

FALC Address: Unit/House

No: _____

Street address: _____

State/City: _____ Suburb: _____

Postcode: _____ Country: _____

How did you learn about LANCZ?

- LANCZ member; name _____
- Colleague ABA La Leche Work Place ILCA Other