



Student Membership Eligibility

LCANZ recognizes that students may benefit from membership to LCANZ, even if their course of education is not directly related to lactation, as breastfeeding promotion and protection cuts across disciplines. LCANZ also recognises that many students are not working full or part time and may have difficulty paying for full membership.

We are proud to offer a student level of membership providing some of the benefits of full membership. There is no age limit to qualify and this can be used for a maximum of one year.

Students must attach documentation from their Course Provider, demonstrating they are currently enrolled in a course or program of lactation or related health field.

The eligibility criteria:

- Students must attach documentation from their Course Provider, demonstrating they are currently enrolled in a course or program of lactation or related health field

To apply for Student Membership, please complete the below membership application form, mark it "STUDENT" and enclose your payment along with a copy of this signed student declaration.

DECLARATION

I hereby declare that I am a student currently enrolled in a course or program of lactation or related health field and wish to apply for Student Membership of LCANZ.

Name (please print clearly): _____

Signature: _____

Date of Birth: _____

Email: _____

COURSE PROVIDER DECLARATION

I hereby certify that _____ is currently enrolled in a course or program of lactation or related field.

Course Name _____

Course Provider _____ Course Dates _____

Signature _____ Date _____

Phone number _____ Email address _____

Office use only: Application Approved / Not approved



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

Office use only: Application Approved / Not approved



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

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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

Office use only: Application Approved / Not approved