



### **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.

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### **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 \$145	\$
<input type="checkbox"/>	Associate membership \$145	\$
<input type="checkbox"/>	Student Member \$82 ( <i>Affirmation declaration is required</i> )	\$
<input type="checkbox"/>	Retired Member \$82 ( <i>Affirmation declaration is required</i> )	\$
<input type="checkbox"/>	LCANZ Education Fund Donation	\$
	<b>Total</b>	<b>\$</b>

**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 #: 12-3240-0123337-00
Bank: ANZ Your Bank Ref: <b>MEM20+Surname</b>	Bank: ASB Your Bank Ref: <b>MEM20+Surname</b>



**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 LCHANZ 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 LCHANZ?**

- LCHANZ member; name \_\_\_\_\_
- Colleague  ABA  La Leche  Work Place  ILCA  Other .....