



## 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

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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 \$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**

Office use only: Application Approved / Not approved



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:	Bank: ASB Your Bank Ref:
<b>MEM20+Surname</b>	<b>MEM20+Surname</b>

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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 .....

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