

**Houston Area Lactation Consultants & Educators Association (HALCEA)
2011 Membership Form**

Date: _____

New Member Renewal

Name: _____

Credentials: _____

Address: _____

City / State: _____ Zip code _____

Employer/Name of Private Practice: _____

Home phone: _____ Work phone: _____

E-mail: _____ Cell phone: _____

Current Lactation Activities: _____

Membership is from January 1st thru December 31st, annual dues are \$20.00.

Are you a current member of ILCA: Yes No

Please indicate how you want to receive HALCEA Communications (newsletters/meetings):

_____ Electronic mail. Provide a legible personal e-mail address.

_____ Electronic mail. Provide a legible work e-mail address.

A Membership directory is posted on the members-only section of the HALCEA website.

Information you do NOT want included? Phone____ E-mail____ Address ____

Dues Paid _____ Check _____ Cash _____

If you are an IBCLC and would like to be included on HALCEA Referral List, please list your business name (if any), area you serve and phone number(s):

We need active members to keep this organization alive! Please indicate activities you are interested in helping with this year:

_____ Speakers / Programs

_____ Newsletter

_____ Continuing Education

_____ Conference

_____ Web contact person

_____ World BF Week

_____ Meeting Places

_____ Board of Directors

Return this form with payment (check payable to **HALCEA**):

Mimi Smith, HALCEA Recording Secretary

Attn. HALCEA

300 St. Joseph Parkway, #324

Houston, Texas 77002