

ALCI Membership Renewal Form 2013

Membership runs until 28-02-14

Benefits of Membership Include:

- Discounts to all ALCI Events and occasional free member-only ALCI events, including continuing education credits
- Emailed newsletter four times a year
- Email alerts about breastfeeding issues and events, and advance notice of ALCI events
- Listing in, and a copy of, an emailed directory of ALCI members
- Private Practice Listing on the ALCI website, a Speaker Listing and Education Provider Listing, and your website listed on the ALCI website
- Bursaries to attend breastfeeding related educational events
- Opportunities to develop skills through participation in task groups and committees
- Representation on National Breastfeeding Strategy Committee, the BFHI National Committee and through National consultations
- Networking and support among IBCLCs in Ireland and internationally
- Right to vote* for Council and on items relevant to the Association purpose, goals and functioning

*Membership benefit for Full and Associate Members only.

<u>Membership fees:</u>	Full Membership	€ 50 / £45 for current IBCLCs
	Associate Membership	€ 60 / £ 55 for those who are not current IBCLCs
	Institutional Membership	€ 65 / £ 60

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Name and Qualifications: _____

Address: _____

Email address (please print): _____

Mobile Telephone No.: _____ Landline No.: _____

Your website (if you wish it listed on ALCI website): _____

PLEASE TICK PREFERENCES BELOW

I agree for text messages from ALCI Administration to be sent to the contact details above. Yes No

I agree for emails (including Newsletter, Receipts, Booking Forms, Members Directory etc) from ALCI Administration to be sent to the contact details above. Yes No

I agree for my contact details listed above to be included in the ALCI Members Directory, which is emailed to members only. Yes No

I agree to an emailed Membership Card (tick 'no' if you wish one to be posted). Yes No

I agree for my contact details to be included in a mailing list that may be given to other relevant organisations that may send me information on their events, services and products. Yes No

I am an IBCLC, have time and am equipped to take private practice referrals, and wish to be listed in the ALCI Private Practice list available to the public. Yes No

I am an IBCLC and provide training courses/presentations and wish to be included in the Directory of Education. Yes No

I am an IBCLC and wish to be listed in the ALCI Speaker's Directory available to the public. Yes No

Please list overleaf (a) any preferences about method of contact, (b) any preferences of listing of contact details in emailed Members Directory or (c) details you wish to be included in the Private Practice Listing, Directory of Education Listing or Speakers Directory Listing.

IF YOU HAVE A DIFFICULTY IN RECEIVING EMAILS OR ATTACHMENTS, PLEASE CONTACT THE ADMINISTRATOR AT 089 441 6497 AND YOU WILL BE FACILITATED.

I enclose my payment for membership € ____ or £ ____ and a copy of my IBCLC Certificate or card, if certified or recertified in the last year. Please return form and payment to ALCI Administrator, Lackaneen, Lombardstown, Mallow, Co. Cork.