



**CLCA/ACCL**

**Canadian Lactation Consultant Association**

**Association canadienne des consultantes en lactation**

### **2015 CLCA Group Discount Membership Form**

Requirements:

- a minimum of five individuals must be included
- all group members must be paid by one payment
- new members must submit a new membership application form
- renewing members do not need to submit a new application form. Place those names below.

Name of organizations/affiliate/group: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Members: (use additional pages as needed)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Number of members	discount amount	Total payment
	X \$70	

Make cheques payable to CLCA

Enclose:

- group form
- new member application forms
- cheque

Submit to:

CLCA c/o Kim Smith  
4608 4th Ave  
Regina SK  
S4T 0H9

\*If a renewing members information has changed they need to update their profile by signing into the website.