



2020 Group Membership Application Form

Join or renew membership in a group and SAVE. The deadline for group savings is 12 April 2020.

Group membership requirements

- A minimum of THREE individuals must be included to be eligible.
- All group memberships must be paid in one payment.
- New members must submit a new membership application enclosed at the end of this form (please make additional copies as needed).
- Renewing members are not required to submit a Group membership application simply enter the names below.

Australia Group discounted rate per member

Full Member AUS\$130.00 (GST \$10.36 included)

New Zealand Group discounted rate per member

Full Member NZD\$128.00 (GST free)

Group Primary Contact (name): _____ Email: _____
Phone/mobile: _____ Address: _____
State: _____ Post code: _____ Country: _____

	Name (First name, Last Name)	State/country	Phone/Mobile	Group Discount Rate Per Person
Member 1				
Member 2				
Member 3				
				Total:

Important notes:

- All new member must complete the Membership Application Form below
- List additional group members on separate sheet where the number exceeds three
- **All payments must be in one lump sum in the currency indicated above and must be submitted with all completed PDF paperwork to the Secretariat by email info@lcanz.org or post to PO Box 576, Crows Nest, NSW 1585.**
- Complete the attached authorisation form if opting to pay by credit card (VISA and Mastercard only)
- **If a renewing member's contact information has changed, that individual will need to update their profile by visiting LCANZ member database.**

Australian dollars

EFT Direct Credit
Bank: ANZ
Name of Account Lactation Consultants of Australia & NZ Ltd
BSB: 017 042 Account #: 1820 48696
Ref: GroupName+MEM2020

New Zealand dollars

EFT Direct Credit
Bank: ASB
Name of Account: Lactation Consultants of Australia & NZ Ltd
Account #: 12-3240-0123337-00
Ref: GroupName+MEM2020



LCANZ
LACTATION CONSULTANTS
OF AUSTRALIA & NEW ZEALAND

CREDIT CARD AUTHORISATION FORM

Payment for: _____ (Membership/Seminar/Products)

Please take this as my authorisation and instruction to charge my credit card as follows:

Name

Credit Card (please tick below)

Mastercard

Visa

Card Number

Name on card _____

Expiry Date _____ ccv: _____

Amount:\$ _____

Signature _____

Date _____

Reference: _____

Contact number: _____ Email: _____



LCANZ NEW MEMBERSHIP APPLICATION FORM

MEMBERSHIP UNDERTAKING

I, _____ declare that whilst I am a member of the Lactation Consultants of Australia and New Zealand Ltd. I will support the organisation, its Purpose 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 ___

Tick whichever is applicable

- Australia (prices inclusive GST)
- New Zealand (prices are GST free)

<input type="checkbox"/> Full Membership	\$
<input type="checkbox"/> Associate Membership	\$
<input type="checkbox"/> Group Membership	
<input type="checkbox"/> Student Member (<i>Affirmation declaration is required</i>)	\$
<input type="checkbox"/> Retired Member (<i>Affirmation declaration is required</i>)	\$
<input type="checkbox"/> LCANZ Education Fund Donation	\$
Total	\$

Membership details (please print clearly in black pen):

First Name _____ Last Name _____

Qualifications (12 space max) _____

IBCLC No Yes IBCLC Certification Number _____ Expires ___ / ___ / ___ 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

Credit card – follow the online application links [AUS for Australia](#) and [NZ for New Zealand](#).

Australia

Direct Credit
BSB: 017 042 Account #: 1820 48696

Bank: ANZ Your Bank Ref: **MEM20+Surname**

New Zealand

Direct Credit
Account #: 12-3240-0123337-00

Bank: ASB Your Bank Ref: **MEM20+Surname**

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
- Workplace Lactation Support

How did you learn about LCANZ?

- LCANZ member; name _____
- Colleague ABA La Leche Work Place ILCA Other