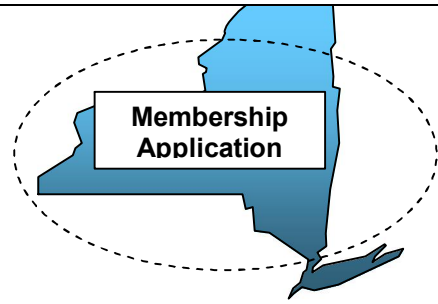


# *New York Statewide Breastfeeding Coalition*

[nysbcoalition@aol.com](mailto:nysbcoalition@aol.com) 845-492-9027  
[www.nysbreastfeeding.org](http://www.nysbreastfeeding.org)



Member Name \_\_\_\_\_

Credentials \_\_\_\_\_

Title \_\_\_\_\_

Organization (if Applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Introductory Individual Membership: \$ 25.00 donation per year**

**Please check and/or fill in amount enclosed:**

\$25 \_\_\_\_\_ Membership

\$ \_\_\_\_\_ additional donation to support breastfeeding advocacy

\$ \_\_\_\_\_ total enclosed

**Please check the committee that you would be interested in joining:**

Annual meeting/Conference Committee \_\_\_\_\_

Finance Committee \_\_\_\_\_

Legislative/Public Policy Committee \_\_\_\_\_

Membership Committee \_\_\_\_\_

Nomination Committee \_\_\_\_\_

**Make check payable to: NYS Breastfeeding Coalition and mail to:**

NYS Breastfeeding Coalition  
PO Box 61  
Delmar, NY 12054

[www.nysbreastfeeding.org](http://www.nysbreastfeeding.org)

**Babies were born to be Breastfed**