



West Virginia **Breastfeeding Alliance**
for healthier moms & babies

Mission: To improve the health of West Virginians by working collaboratively to protect, promote, and educate our community about breastfeeding.

How can you help?

Membership Application

As a member of the West Virginia Breastfeeding Alliance you will be making an important contribution to advancing the health and well-being of all West Virginians. Thank you for your support!

Annual Individual Membership Dues: \$25 for the period of Jan.1, 2009 - Dec. 31, 2009

Please note that most of WVBA's communication with you will be via email or Internet so please consider your online availability when noting your contact information.

Name/Title:

Organization:

Address:

City:

State:

Zip/Postal Code:

Preferred Contact Phone Number:

Email:

In addition to my dues, I'd like to be actively involved in WVBA by:

- Attending Coalition meetings and sharing my expertise and experience.
- Contributing my time by serving on a committee. Choices include:

Education

Promotion

Protection

Please return this form & mail with check payable to:

West Virginia Breastfeeding Alliance

c/o 100 Association Drive

Charleston, WV 25311-1571 www.wvbfa.com

Attn: Cinny Kittle