



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.

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, 2012 - Dec. 31, 2012

NEW member

RENEWAL

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 Code: _____

Preferred Contact Phone Number: _____

Email: _____

In addition to paying 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 in a work group. Choices include:

Communities & Coalitions

Maternity Care

Worksites

I hereby declare my support for WVBA's mission statement, *(as stated above)*, and I further declare that I receive no direct, personal compensation from formula manufacturing or marketing companies.

Member Signature: _____ Date: _____

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