PA Breastfeeding Coalition Membership Form

Please print this form and mail it to the address at the bottom of the page

- ○ $20 Individual Active Member
- ○ $20 Organizational Active Member (please list your designated representative)
- ○ $20 Supporting Member

Contribution: ○ $10 ○ $25 ○ $50 ○ $100 ○ other: _____

I will support the mission of the Coalition to facilitate community and statewide efforts to protect, support and promote breastfeeding as the cultural norm across the Commonwealth of Pennsylvania.

_____ _____

Signature Date

_____ _____

Name Credentials

_____

Organization

_____ _____ _____ _____ _____

Address City State Zip Country

_____ _____

Home Phone Work Phone

_____ _____

Fax Email

Please make checks payable to and mail to:

PABC, Pennsylvania Breastfeeding Coalition
C/O Maternal and Family Health Services
15 Public Square, Suite 600
Wilkes-Barre, PA 18701-1798