



The Breastfeeding Committee for Canada
The National Authority for the WHO/UNICEF
Baby-Friendly™ Hospital Initiative in Canada

**Become an Associate Member of the Breastfeeding Committee
for Canada!**

Members will:

- *Receive information updates in a timely fashion*
 - *Be on our e-mail list of associate members*
 - *Be able to brief the BCC on your issues of concern*
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<p><input type="checkbox"/> Yes I would like to become an Associate Member. The cost is \$30 yearly.</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p> <p><input type="checkbox"/> I would like to join a working group.</p> <p><input type="checkbox"/> My areas of expertise/interest are: _____ _____</p> <p><input type="checkbox"/> Please send me a BCC brass pin as a first time Associate member</p> <p><input type="checkbox"/> NO I DO NOT wish my name sold as part of the BCC mailing list.</p> <p><input type="checkbox"/> I enclose a \$30 cheque or money order payable to the Breastfeeding Committee for Canada.</p> <p>Mail to: Breastfeeding Committee for Canada, P.O. Box 65114, Toronto, ON M4K 3Z2</p>	<p>BCC Pins</p> <p><input type="checkbox"/> Antique brass lapel pin (\$5)</p> <p><input type="checkbox"/> Sterling silver lapel pin (\$40)</p> <p><u>Please add 15% for postage and handling.</u></p> <p><input type="checkbox"/> I enclose a \$_____ cheque or money order payable to the Breastfeeding Committee for Canada. * We are unable to accept purchase orders or credit card payments.</p> <p>Mail to: Breastfeeding Committee for Canada, P.O. Box 65114, Toronto, ON M4K 3Z2</p>	<p>Name: _____</p> <p>Organization/Association/Agency: _____</p> <p>Mailing Address: _____</p> <p>Postal Code: _____</p> <p>Telephone: () _____</p> <p>Fax: () _____</p> <p>Email: _____</p>
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