



*An association  
with a focus on education  
for all those interested  
in human lactation*

*College of Lactation Consultants  
Western Australia Inc.*

## Membership Application Form

Membership Category:  Full  Associate

Membership Fee \$75 p.a.  
Student Membership Fee \$25 p.a.  
(On proof of full-time student  
status)

Title: Mrs/Mr/Ms/Dr \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Contact numbers and Email: \_\_\_\_\_

Qualifications \_\_\_\_\_

Occupation \_\_\_\_\_

\* Please provide email address to receive regular  
communications from CLCWA Inc

I give permission for my name/contact details  
to be published in a Membership Directory.  Yes  No

I am available for private lactation consultations.  Yes  No

I am prepared to be a resource for other members.  Yes  No

Applicants for Full Membership please complete

Year Certified IBCLC \_\_\_\_\_ Yr Recertified \_\_\_\_\_

Certificate # \_\_\_\_\_

Declaration: When accepted as a member of the College of  
Lactation Consultants WA Inc., I agree to accept and abide  
by the rules and by-laws of the college

Signed \_\_\_\_\_

Date \_\_\_\_\_

Return completed form, with full payment to:

**Membership Secretary  
CLCWA Inc. PO Box 1254  
SOUTH PERTH WA 6951**

CLCWA Membership Fee \$75 p.a.  
Renewal of membership is due 1st July each year.

Cheque remittance  Cheque enclosed (to CLCWA Inc)

Credit Card Payment  via PayPal

Direct Deposit please include last name as ref  
CLCWA Inc

BSB 036 063

Account 386937



For further information about membership  
or details of meetings please call:

Ph: 0419 939553

or email: [info@lactationwest.com.au](mailto:info@lactationwest.com.au)

website: [www.lactationwest.com.au](http://www.lactationwest.com.au)