

Please print this page and mail the completed form along with a check to:

**Maryland Breastfeeding Coalition**  
**P.O. Box 41**  
**Brooklandville, MD 21022**

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

Credentials: \_\_\_\_\_

Organizational Affiliation: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

How did you hear about us: \_\_\_\_\_

\_\_\_\_\_

Membership Level:

\_\_\_\_\_ Individual: \$25

\_\_\_\_\_ Organization: Recommended donation

\_\_\_\_\_ \$50 for non-profit

\_\_\_\_\_ \$100 for-profit organization or business

Make checks payable to “Maryland Breastfeeding Coalition”

The Maryland Breastfeeding coalition, Inc., is an IRS Section 501(c)3 non-profit organization. Charitable contributions, donations, and gifts to the Coalition are tax-deductible. Please check with your tax advisor to verify your individual situation.

Please note that membership is annual. Our fiscal year runs from May 1<sup>st</sup> to April 30<sup>th</sup>.

