

Application for Membership Emerald Coast Alliance for Breastfeeding Support

The Emerald Coast Alliance for Breastfeeding Support welcomes all individuals with an interest in promoting breastfeeding to be part of our organization.

We want everyone to participate in the alliance, so we offer two levels of individual membership:

Alliance members make a monetary commitment and have voting privileges;

Associate members do not pay dues and do not have a voting voice in the alliance.

Name _____

Address _____

City, State, Zip Code _____

Work phone _____ Home phone _____

Cell _____ Fax _____

Facility/ Position _____

Preferred Email _____

Membership: Alliance member - \$25, voting Associate member - no dues or voting

Donation: _____. We welcome any size donation along with or instead of membership.

We ask everyone to choose at least one Pillar/committee in which they wish to serve.

Your Pillar choice (You may choose more than one): Pillar 1: Finances Pillar 2: HCPs

Pillar 3: Community/Outreach Pillar 4: Advocacy Pillar 5: Management

Please refer to the website for Pillar information: www.emeraldcoastbreastfeeding.com/committees.html

We believe your most important contribution will be time and commitment to the stated goals of the organization. **To join this group, please complete this form and mail, along with your dues, to:**

ECABS

PO Box 11642

Pensacola, FL 32524

Emerald Coast Alliance for Breastfeeding Support Membership Pledge

By signing this pledge, I affirm that I wish to have membership in the Emerald Coast Alliance for Breastfeeding Support. I agree to support the Mission of ECABS to improve community health, by providing collaboration, education, and resources for the support, protection, and promotion of breastfeeding on the Emerald Coast.

I recognize that I will have a responsibility to assist other members of the coalition in achieving the stated goals. I will work to promote the collaborative activities of the Alliance. If I have chosen an Alliance membership, I recognize that I will have voting privileges as long as I am a member in good standing.

Signature _____ Date _____