



NURSING MOTHERS COUNSEL, INC.

A NON-PROFIT ORGANIZATION SINCE 1955

SANTA CRUZ CHAPTER

P.O. Box 66634 Scotts Valley, CA 950

Referral Phone Line (831) 688-3954

MEMBERSHIP APPLICATION

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Name: _____

Date: _____

Address: _____

City, Zip: _____

Phone: _____ Email: _____

Spouse/partner: _____

Please select membership level and return entire application with a check made out to NMC:

_____ **Full members** counsel breastfeeding moms on behalf of NMC. Training fee: **\$110** (includes \$25 membership dues)

_____ **Affiliate members** do not counsel moms on behalf of NMC, and take the training for their own professional development.
Training fee: **\$325** (includes \$40 membership dues.)

Describe your nursing experience, including ages of children, length of lactation, complications, assistance in nursing (attach extra sheet if you need more space):

What are your present commitments outside of home, including work, school, and community?

Briefly state your reasons for wishing to join NMC:

How did you hear about Nursing Mothers Counsel? _____

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Are you a certified lactation consultant? y____ n____

Do you receive payment directly from a contact/client for breastfeeding information? y____ n____

Do you operate an established pump rental station? y____ n____

Special Counseling Skills:

Languages: _____ Twins: _____ Premature/ill infant: _____

Oversupply/milk bank: _____ SNS: _____ Working & nursing: _____

Other: _____

Your NMC volunteering must be kept separate from any professional paid work. For example, a doula or IBCLC cannot be paid by an NMC contact.

Initials: _____

If you take the training with the intention of becoming a volunteer NMC counselor (Full member) and pay the \$110 fee for volunteers, NMC expects that you will complete requirements within one year to become a Full member (counselor). Please understand that the actual cost of your training materials/program is higher than \$110. If you opt to change your status to Affiliate member (which is a non-counseling member) before you have finished requirements to become a Full member (counselor), we would require that you pay NMC \$215 (the difference between the fee of \$110 for volunteers and \$325 fee for professionals taking the training) unless there are very special circumstances that caused you to change your membership status.

Initials: _____

Signed: _____

Date: _____