
2007 Oregon Washington Lactation Association Membership Form
OWLA

OWLA membership includes:

- Bi-monthly meeting, 1st Monday of the month.
- Excellent presentations in the area of breastfeeding promotion, support, education and research.
- Networking opportunities.
- Education CERP's

Please complete the form below and send with \$25.00, make checks payable to OWLA:

OWLA
P.O. Box 4023
Portland, OR. 97208-4023

Renewal ___ **New Member** ___ **IBCLC #** _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Hm _____ **wk ph** _____

Email address _____

We have an email distribution list for members!

Employer _____

Specialty area of practice _____

Topic interests for meetings _____

I am interested in the following areas:

___ **World Breastfeeding Week**

___ **Officers**

___ **Conferences**

___ **Newsletter**

___ **Media Response**

___ **Speakers Bureau**

___ **Other** _____

___ **Include me on the email distribution list for announcements**

___ **Please remove my name from the mailing list for non-OWLA mailings.**

Occasionally the mailing list will be released for educational opportunities in the field of lactation. A requirement is placed on all users, that the mailing list cannot go beyond the primary intended use for privacy reasons.