

## Membership Application Form

Membership Fee **£41** (cheques payable to: LCGB) or **£35** per year if completing our standing order form. I am paying by cheque ..... standing order.....

**A)** As an IBCLC, I wish to become a full member of LCGB.....

Accreditation period: From ...../...../20..... renewal or expiry date...../...../20.....

Please include your IBLCE Number.....and name on register if different to your details below

**B)** I wish to become an associate member of LCGB.....

Surname.....First name.....

Home Address.....

.....

.....

.....Postcode.....

Home phone: .....

Mobile Phone.....

Email address.....

**✚ As email is our main means of communication with you please ensure we are kept up to date with changes**

Role & job title:.....

NHS based  Private  Voluntary

How did you find out about LCGB?.....

IBCLCs only: Details of having a pin on the Find a local IBCLC' section of the web site & enhanced listings will be sent in your welcome letter

LCGB pledges adherence with the international Code of Marketing Breast-milk Substitutes and all subsequent relevant WHA resolutions ('International Code').

I have read and understood this statement

Signature.....date.....

Forward application form & method of payment to:

LCGB Membership Secretary

Arden House, 2 Elm Drive, Oversley Green

Alcester, Warwickshire B49 6PJ

Email: [membership@lrgb.org](mailto:membership@lrgb.org)

For further details or to download standing order form go to [www.lrgb.org/about-lrgb/join-us/](http://www.lrgb.org/about-lrgb/join-us/)

LCGB membership runs from January 1<sup>st</sup> to December 31<sup>st</sup>. Memberships taken out after 1<sup>st</sup> October run until December 31<sup>st</sup> the following year.



The professional voice of breastfeeding since 1994

### Standing Order Form

Please complete the following form

To: The Manager ..... Bank Ltd

.....

..... Postcode .....

(Please insert your Bank's full address)

Please pay to The Co-operative Bank Kings Valley, Yew Street, Stockport, Cheshire SK4 2JU.

Sort Code 08-92-99

For the credit of Lactation Consultants Great Britain

(Account Number 65034150)

**Either 1)** (if joining LCGB between Jan 1<sup>st</sup> and Sept 31<sup>st</sup>)

The sum of £35 on the.....day (or soonest thereafter) of..... month of 20.. and annually on the 1st (first) day of January until further notice.

**or 2)** (if joining LCGB between October 1<sup>st</sup> and December 31<sup>st</sup> initial payment covers following year)

The sum of £35 on the.....day (or soonest thereafter) of..... month of 20.. and annually on the 1st (first) day of January from 20.....until further notice.

Signature: .....

Name: .....

Address: .....

.....

.....

Account Number:.....

Sort Code:.....

Date .....

Please return to:

Vikki Kidd IBCLC, LCGB Membership Secretary  
Arden House, 2 Elm Drive, Oversley Green  
Alcester, Warwickshire B49 6PJ

Email: [membership@lcgb.org](mailto:membership@lcgb.org)

Thank you