

## 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](http://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 \_\_\_\_\_