



**The Breastfeeding Committee for Canada**  
The National Authority for the WHO/UNICEF  
Baby-Friendly Hospital Initiative in Canada

**Become an Associate Member of the Breastfeeding Committee  
for Canada!**

**Members will:**

- *Receive information updates in a timely fashion*
  - *Be on our e-mail list of associate members*
  - *Be able to brief the BCC on your issues of concern*
- .....

<p><input type="checkbox"/> Yes I would like to become an Associate Member. The cost is \$30 yearly.</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p> <p><input type="checkbox"/> I would like to join a working group.</p> <p><input type="checkbox"/> My areas of expertise/interest are:</p> <hr/>	<p><b>BCC Pins</b></p> <p><input type="checkbox"/> Antique brass lapel pin (\$5)</p> <p><input type="checkbox"/> Sterling silver lapel pin (\$40)</p> <p><b>Please add</b> 15% for postage and handling.</p> <p><input type="checkbox"/> I enclose a \$_____ cheque or money order payable to the Breastfeeding Committee for Canada.</p> <p>* We are unable to accept purchase orders or credit card payments.</p>	<p>Name: _____</p> <p>Organization/Association/Agency: _____</p> <p>Mailing Address: _____</p> <p>Postal Code: _____</p>
<p><input type="checkbox"/> Please send me a free BCC brass pin as a first time Associate member</p> <p><input type="checkbox"/> <b>NO I DO NOT</b> wish my name sold as part of the BCC mailing list.</p> <p><input type="checkbox"/> I enclose a \$30 cheque or money order payable to the Breastfeeding Committee for Canada.</p> <p>Mail to: Breastfeeding Committee for Canada, P.O. Box 30071, North Vancouver, BC, Canada, V7H 2Y8</p>	<p>Mail to: Breastfeeding Committee for Canada, P.O. Box 30071, North Vancouver, BC, Canada, V7H 2Y8</p>	<p>Telephone: (    ) _____</p> <p>Fax: (    ) _____</p> <p>Email: _____</p>