



Virginia Breastfeeding Task Force Membership Form

Please fill in completely the information below if you wish to be a voting or non-voting member of the Task Force.

Name:

Credentials:

Address:

Affiliation:

Preferred email:

Phone:

Please mail this form to:

Virginia Breastfeeding Task Force
PO Box 35379
Richmond, VA 23235

_____ Voting member

| | |
|-----------------------------|-------|
| Dues paid (\$20.00 minimum) | _____ |
| Donation (optional) | _____ |
| Total | _____ |

_____ Non-voting member*

| | |
|-------------------|-------|
| Optional donation | _____ |
|-------------------|-------|

. *non-voting member may fax form to Judi Hall at 540-741-2929.