



The Community Breastfeeding Coalition Membership Application 2019

Organization Affiliation _____ Date _____

Individual contact _____

Phone _____ Work Phone _____ Fax _____

Address _____

Email address _____

Membership Categories -1 vote per Membership

****Please complete the back of this form if this is a group or organization membership application.***

_____ Individual Membership

- \$10

_____ Small Business/Organization Membership

- \$50

Any member of the organization/business with less than 25 employees can attend all CBC events. The organization/business will be listed on the Coalition Website.

_____ Organization Membership

- \$300

Any organization with greater than 25 employees. This does not include promotional items. Any member of the organization can attend all CBC events. The organization will be listed on the Coalition Website and linked back to the organization website as well.

_____ Community Breastfeeding Advocate

- \$0 (Non-Voting Member)

Will be added to the Coalition's group messaging app, GroupMe, and receive Coalition notices.

Please indicate method of payment:

_____ Online via PayPal at **PayPal.me/ATHbreastfeedcoa**

_____ Checks can be mailed to the **Community Breastfeeding Coalition** 189 Paradise Blvd., Athens, GA 30607

Membership application and fees are due March 1, 2019.

Group or Organization Membership

Group or Organization _____

List names and email addresses of all individuals applying for membership.

List Members

Name	Email
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

The Community Breastfeeding Coalition is a sub-group of the Athens Community Wellness Council.