



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