

New Jersey Breastfeeding Coalition, Inc.

Membership

Your membership will help protect, promote, and support breastfeeding in New Jersey. To join, please complete the information below.

Name _____

Email _____

Employer or Organization _____

Address _____

Street _____

_____ City _____ State _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____

The Task Force has a list serve that is used for meeting notices and communication between meetings. Please check here if you do not want to be on the list serve. _____

Please indicate the committee on which you would like to participate:

Legislative Media Watch

Website

Promotion

Strategic Planning

Enclosed (please check):

Regular Membership, \$20.00 per year

Donation \$ _____

Total Amount \$ _____

Please make checks payable to:

Please make checks payable to:

New Jersey Breastfeeding Coalition

c/o Marilyn Hines

132 Spring Street

Millburn, NJ 07041

Or by PayPal using email address: online@breastfeedingnj.org