



Minnesota Breastfeeding Coalition Application for Membership

This a new membership renewal

Type of Membership (please check one):

Breastfeeding Organization (voting member)

A local, county, and/or regional breastfeeding coalition, association, committee, collaborative, or task force with an interest and commitment to the purpose and objectives of the Coalition

Associate Organization (non-voting member)

A non-profit and/or government organization with a commitment to the purpose and objectives and a willingness to support the work of the Coalition, though their primary focus is not breastfeeding

Corporate Partner (non-voting member)

A business or other organization that does not meet the criteria for non-profit status, but has a commitment to support the purpose and objectives of the Coalition

Member Organization: _____

For voting members: please specify a delegate

Contact Name: _____

Name: _____

Address: _____

Address: _____

City: _____ St: _____ Zip: _____

City: _____ St: _____ Zip: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

I am interested in furthering the MBC's mission by volunteering with the:

Governance Subcommittee

Website Subcommittee

Finance Subcommittee

Grant & Fundraising Subcommittee

Membership Subcommittee

Other (please specify) _____

Nominations Subcommittee

Amount enclosed with your application:

\$ 25 Two-year membership

\$ _____ Additional donation to support breastfeeding advocacy

\$ _____ **Total enclosed**

Make checks payable to Minnesota Breastfeeding Coalition and mail to: Barb King, 1941 Ashland Avenue, St. Paul, MN 55104-5946.

If the membership fee is a barrier to participation in the Coalition, please call Marcia McCoy at 763-420-2853 or email mnbreastfeedingcoalition@gmail.com