



## Ohio Breastfeeding Alliance Human Milk for Human Health

c/o 103 N Lawn Ave  
Bluffton OH 45817  
info@ohiobreastfeedingalliance.org

### MEMBERSHIP APPLICATION

#### Membership Categories

##### **Voting**

- Individual Membership
  - \$10 / yr
  - \$25 / 3 years
- Breastfeeding Coalition/Organization Representative
  - No Charge (BF-specific w/out organization Treasury)
  - \$10 / yr (BF-specific w/organization Treasury)

##### **Non-Voting**

- Individual Membership
  - \$10 / yr
  - \$25 / 3 years
- Non-profit Organization Representative
  - \$25 / yr (<\$50,000/yr)
  - \$50 / yr (>\$50,000/yr)
- For-profit Organization Representative  \$75 / yr

Organization Name: (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Organization Website: (if applicable) \_\_\_\_\_

**Please make checks payable to "Ohio Breastfeeding Alliance." Pay online at [www.ohiobreastfeedingalliance.org/join.html](http://www.ohiobreastfeedingalliance.org/join.html)**

**Check and sign** in the appropriate box:

**Voting Member Declaration of Support**

*I understand the criteria for Voting Members and agree to adhere to those requirements. I support the mission, goals and objectives of the Ohio Breastfeeding Alliance, and further testify that neither myself nor my organization has a primary purpose to market or sell products or services in support of infant formula feeding.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Non-Voting Member Declaration of Support**

*I support the mission, goals and objectives of the Ohio Breastfeeding Alliance, and further testify that neither myself nor my organization has a primary purpose to market or sell products or services in support of infant formula feeding.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

How are you currently involved in promoting, supporting and protecting breastfeeding/human milk in Ohio?

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**Please check the committee(s) work of interest to you:**

Policy/Legislation Advocacy     Education     Public Relations/Media

Fundraising/Grant-writing     Membership     Project/Program Development

### **Requirements of Membership for Ohio Breastfeeding Alliance**

**\*Voting Members**, whether an organization or individual, must:

- Support the Ohio Breastfeeding Alliance Vision, Mission and all of its Goals and Objectives.
- Be neither an individual nor organization whose primary job or purpose is to market or sell products or services in support of infant formula feeding.
- Promote the WHO/UNICEF Innocenti Declaration.
- Attend scheduled member meetings as able and/or participate on at least one committee as able.

### **Non-Voting Members:**

- Support the Ohio Breastfeeding Alliance Vision, Mission and all its Goals and Objectives.
- Be neither an individual nor organization whose primary job or purpose is to market or sell products or services in support of infant formula feeding.
- Contribute and share resources, such as:
  - Expertise
  - In-kind services
  - Financial support.
- Participate on OBA committee(s) or task force(s).