



La Leche League of Michigan Membership Form

Name _____

Address _____

Phone _____

Email _____

Group Name _____

Date _____

Amount Paid _____

Please send this portion to LLLM Area Finance Coordinator: Marta Shaw, 11439 Foley, Fenton, MI 48430 along with a check made payable to LLLM for \$30. The Group retains \$10. If a mother chooses to pay with credit card, please direct to <http://www.breastfeedmich.org/becoming-a-member> and your Group will be reimbursed the \$10. Thank you.

----- cut here -----



La Leche League of Michigan Membership Form

Name _____

Address _____

Phone _____

Email _____

Group Name _____

Date _____

Amount Paid _____

Payment Method: Cash _____

Check Number _____

Please keep this portion for your group records. If a mother chooses to pay with credit card, please direct to www.breastfeedmich.org and your Group will be reimbursed the \$10. Thank you.