

**Sonoma County Breastfeeding Coalition**  
**Teresa Camacho**  
1381 University Ave  
Healdsburg, CA 95448



**2017 Membership Form/Donation**

**Name:** \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

**Phone number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**\*E-mail:** \_\_\_\_\_

\* PRINT CLEARLY Notices sent electronically unless no e-mail address is given.

\_\_\_ **\$25.00 Individual** \_\_\_ **\$100.00 Organization/Business**

*Membership fees are paid for the calendar year. (January 1 – December 31, 2017)*

**Members will be e-mailed:**

- Agendas and minutes for monthly
- Announcements for upcoming workshops and events
- State and local updates on breastfeeding issues

**I prefer not to be copied on e-mails.**

**Meetings are held on the second Tuesday of the month 12:00 pm-1:30 pm.**

I am unable to attend meetings but would like to participate in the following activities: \_\_\_\_\_

***Mission Statement***

*To educate and empower women to breastfeed; to encourage breastfeeding friendly attitudes, policies, and images in the community; to promote knowledge and unity among healthcare professionals and advocates; and to increase public awareness of the value of breastfeeding.*