

YOU MAY FILL IN THIS FORM ON YOUR SCREEN, THEN PRINT AND MAIL IT TO:

Pam Yerkes, RN, BSN, IBCLC, CBC Chairperson, 24 Baltic Road, Norwich, CT 06360

OR JUST PRINT OUT AND FILL IN BY PEN AND MAIL



The Mission of the CBC is to protect Connecticut's health by working collaboratively to promote, support and protect breastfeeding.

For more information about the CBC visit our website:

<http://www.breastfeedingct.org>

For our records, please complete the form below: All fields required.

Checks may be made out to Connecticut Breastfeeding Coalition

Mail to: Pam Yerkes, RN, BSN, IBCLC, CBC Chairperson

214 Baltic Road
Norwich, CT. 06360

Yearly Membership is \$20.00

Name _____

Address _____

Credentials _____

Organization _____

Home Phone _____

Work Phone _____

Email _____

The information above may be distributed to members of the CBC. The information will not be used or sold to any other organization. The CBC adheres to the International Code of Marketing of Breast Milk Substitutes.

I agree to share the above information with the CBC _____.

I do not want the above information shared with the CBC _____.

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