



Ohio Breastfeeding Alliance – Human Milk for Human Health

c/o 4775 Burdsall Road
Williamsburg, Ohio 45176
Phone: 513/724-3313
Email: info@ohiobreastfeedingalliance.org

2008 MEMBERSHIP APPLICATION

Name: _____ Credentials: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Office) _____

Email: _____ Web site: _____

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

Membership Categories Make checks payable to: OHIO BREASTFEEDING ALLIANCE (Address above)

Active*

Supporting

- Non-profit Organization Representative Non-profit Organization Representative
 ○ \$10 BF-specific ○ \$25 <\$50,000/yr ○ \$50 >\$50,000/yr
 \$75 For-profit Organization Representative
 \$10 Individual

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

- Policy/Legislation Advocacy Education Public Relations/Media
 Fundraising/Grant-writing Membership Project/Program Development

Check and sign in the appropriate box:

Active Member Declaration of Support

I understand the criteria for Active Member and agree to adhere to those requirements. I support the mission, goals and objectives of the Ohio Breastfeeding Alliance, and adhere to the principles and aims of the WHO International Code of Marketing of Breastmilk Substitutes and the WHO/UNICEF Innocenti Declaration.

Applicant Signature

Date

Supporting Member

I support the mission, goals and objectives of the Ohio Breastfeeding Alliance.

Applicant Signature

Date

Requirements of Membership for Ohio Breastfeeding Alliance

Active Members, whether an organization or individual, must:

- Support the Ohio Breastfeeding Alliance Vision, Mission and all of its Goals and Objectives.
- Support the principles and aims World Health Organization (WHO) *International Code of Marketing of Breastmilk Substitutes* (http://www.who.int/nutrition/publications/code_english.pdf) and implement them if a non-profit or for-profit organization.
- Promote the WHO/UNICEF Innocenti Declaration (<http://usbreastfeeding.org/Innocenti.html> and <http://innocenti15.net/declaration.pdf>)
- Attend at least half (1/2) of the scheduled meetings annually or meet alternative requirements in lieu of attendance, which are to:
 - Send a prepared alternate if unable to attend a meeting.
 - Remain in contact with a specified member of the Leadership Committee, and communicate continued active interest and activity, such as active participation on a committee or OBA project.
- Participate on at least one committee.

Only Active Members have the privilege of voting and running for Leadership Committee positions.

Supporting Members:

- Support the Ohio Breastfeeding Alliance Vision, Mission and all its Goals and Objectives.
- Contribute and share resources, such as:
 - Expertise
 - In-kind services
 - Financial support.
- Participate on OBA committee(s) or task force(s).