



**Request for Printed Certificate & Pocket Card  
 \$15.00  
 Certified Lactation Counselor (CLC)**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of CLC Examination \_\_\_\_\_

Location of CLC Examination \_\_\_\_\_

**Method of Payment:**  
 (Full payment required)

- Check or Money Order (Please make checks payable to ALPP)
- Charge my: \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover  
 \_\_\_\_\_ American Express \_\_\_\_\_ VISA

List your credit number below:

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Expiration Date (Month /Year)

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V Code\*

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\*3 numbers on back of card for MC/Visa/Discover; 4 numbers on front of card for AmEx

Billing address associated with the credit card, if different from above: -

\_\_\_\_\_  
 Signature (as shown on credit card)

**Send to:**  
 Academy of Lactation Policy and Practice  
 PO Box 1288  
 Forestdale, MA 02644  
 OR fax to: (508)-833-6070