ALPP
THE ACADEMY OF
Lactation Policy
and Practice

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

I would like to request a:

☐ CLC Certificate ☐ CLC Pocket Card

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:

Expiration Date (Month /Year) V Code*

*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 2170

South Dennis, MA 02660

OR fax to: (508)-833-6070

Updated 3/4/2021