LA LECHE LEAGUE CANADA

LLLC GROUP NAME:

DATE:

FIRST NAME	FAMILY NAME	DUE DATE OR AGE OF CHILD(REN)	BABY''S NAME (OPTIONAL)	SIBLING'S NAME(S) (OPTIONAL)		HOW DID YOU HEAR OF LLLC?
EMAIL ADDRESS		PHONE	*Consent to receive Group Meeting Reminders (yes/no)	*Consent to receive LLLC national office emails (yes/no)	Consent to receive Group emails (yes/no)	SIGNATURE

*I consent to receive emails on upcoming La Leche Leauge Canada (LLLC) initiatives. *LLLC protects the personal information you voluntarily provide. This information allows us to keep you informed of any public health requirements, LLLC services, special events, and funding needs. LLLC does not lend, rent or trade our mailing lists. LLLC Canada manages our contact database in compliance with Canada's Anti-Spam Law. If at any time you wish to be removed from our mailing lists, please advise us at office@LLLC.ca.)*

Updated 2026