



INFACT Canada

Infant Feeding Action Coalition

Membership Subscription Form

INFACT Canada is a non-governmental organization consisting of individuals and groups working to improve the health and well-being of infants and young children through the protection, promotion, and support of breastfeeding in Canada and internationally.

One of INFACT's key objectives is to eliminate the commercial pressure to bottle-feed by working to implement the International Code of Marketing of Breast-milk Substitutes and subsequent, relevant resolutions of the World Health Assembly and to encourage appropriate parties to abide by them. INFACT Canada actively promotes the implementation of the International Code through its newsletters, political advocacy, and by monitoring compliance.

When you become a member of INFACT Canada and/or make a tax-receiptable donation to IMNEA (the charitable, educational arm of INFACT Canada) you are supporting our national and international efforts to support breastfeeding, especially in situations of emergency and poverty where artificial feeding could lead to illness, malnutrition, or death. A membership to the INFACT Canada includes a subscription to our newsletter that covers not just health issues and information surrounding breastfeeding, but current scientific, political, ethical, and environmental issues as well! As a member, you support the national and international work of INFACT Canada to protect, promote and support breastfeeding.

It is important to note that INFACT does not generally accept commercial and governmental funding in order to avoid compromising our principles. As a result, we rely on members to aid us in the continuation of this important work.

INFACT Canada member information

Please Check One:

- New Member
- Renewal

Please sign me up for a membership/subscription to INFACT Canada:
\$55/year, students \$25/year. \$.....

Yes! I'll make a gift to INFACT Canada to protect breastfeeding in
situations of poverty. \$.....

Or, I prefer to make my gift of \$..... each month using my VISA card.

Name Organization (if applicable)

Address

City Province/State Postal Code/Zip

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Phone FAX E-mail

VISA number Expiry Signature

If paying by cheque or money order, please make payable to INFACT Canada.