



Accreditation and Approval Review Committee
on Education in Human Lactation and Breastfeeding
2501 Aerial Center Pkwy, Suite 103, Morrisville, North Carolina 27560 USA
info@aarclactation.org • www.aarclactation.org

Please enclose this form with your Approval Fee.
Initial Approval Fee: US \$500 / Continuing Approval Fee: US \$800

Your Name _____
(First Name) (Last Name)

Course Provider _____

Title of Course _____

Email Address _____

Address _____ Phone _____

_____ Fax _____

_____ Website _____

Please indicate method of payment and provide all the information requested.

Check enclosed made payable to **AARC**
Check # _____ Amount of Check \$ _____
Person/Organization Signing Check _____

Please charge \$ _____ to the following credit card:
 VISA MasterCard

Card No.

Verification Code: _____ Card expiration date ____ / ____
(3 numbers on the back)

Name of Cardholder _____
(Please print)

Signature of Cardholder _____

Cardholder's Address _____

Send to: AARC Approval Application
2501 Aerial Center Pkwy, Suite 103
Morrisville, North Carolina 27560 USA