



Breastfeeding Promotion Network of India

BP-33, Pitampura, Delhi – 110 088
Tel: 011-2734-3608, Fax: 011-2734-3606
Email: bpni@bpni.org Website: www.bpni.org

L. No.-

LIFE MEMBERSHIP FORM

(PLEASE TYPE OR WRITE IN CAPITAL LETTERS)

To, Breastfeeding Promotion Network of India National Secretariat New Delhi

I wish to apply for membership of Breastfeeding Promotion Network of India.

Mr/Ms/Dr _____ : _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ Sex M F Educational Qualification _____

Profession / Work:

Medical Doctor Nursing Nutrition Education
Lawyer NGO Social Worker Others (specify)

Area of Work: Government Pvt.service Self Employed

Mailing Address: _____

District _____ City: _____ State: _____ Pincode: _____

Tel: STD Code _____ Off _____ Res _____ Fax: _____

E-mail _____ Mobile _____

Endorsement

I endorse the national initiative of Breastfeeding Promotion Network of India (BPNI)

- I believe that breastfeeding is a universal right of all mothers and infants and shall work to protect, promote and support this right.
- I support all efforts to end promotion of breastmilk substitutes and commercial infant foods and to prevent practices that have negative impact on breastfeeding.
- ✓ I will not accept any contribution, gifts or any monetary benefits for my self or for my association, District or State Branch of BPNI for funding of seminars, meeting, conference, educational course, contest, fellowship and research work or any other sponsorship from manufactures of baby foods, feeding bottles.
- ✓ I will not indulge in activities in conflict of interest such as collaboration with Baby food manufactures, companies manufacturing related equipments and complementary foods or those who have been ever found to violate the IMS act or International Code of Marketing of Breast-milk Substitutes.

I am in full agreement and have signed the endorsement form.

Proposed by:

Name of the Central Coordination Committee of BPNI* member:

Signature: _____

Date: _____

Signature of Applicant _____

I am enclosing a Demand Draft (DD) of Rs. 2000/- in Favour of Breastfeeding Promotion Network of India towards 'Life Membership' Fees.

FOR OFFICE USE ONLY

Payment Cash DD

DD No _____ DD Dated _____ Bank _____

Date of Receipt _____ Receipt No _____ Membership No. _____

* Please see the list given on BPNI Website (www.bpni.org)