



# Membership Application

National Consortium of Breast Centers, Inc.  
 P. O. Box 1334  
 Warsaw, IN 46581-1334

Please accept our invitation to become a member of the NCBC. Complete this form and mail it with payment to the NCBC office. Payment may be made by check, money order, Visa or MasterCard. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

## CORPORATE - Medical Manufacturer/Supplier or Pharmaceutical

The applicant is a provider of services or products to breast health professionals or breast facilities. Types of members include medical manufacturers, suppliers, software companies, research facilities and pharmaceuticals. The applying organization designates one individual to be the primary contact. Subsequent individuals from the same company may join at a reduced rate. All membership listings on the internet will include the name of the designated individual and the company name. All memberships include reduced registration to the Annual National Interdisciplinary Breast Conference.

- |   |  |
|---|--|
| <input type="checkbox"/> Initial Applicant<br><input type="checkbox"/> Subsequent Applicant | <input type="checkbox"/> Manufacturer of Medical Devices<br><input type="checkbox"/> Medical Supplier<br><input type="checkbox"/> Pharmaceutical Company<br><input type="checkbox"/> Other _____ |
|---|--|

Name \_\_\_\_\_  
First
M.Initial (if used)
Last
Professional Initials (MD, RN, RT, PhD)

Title/Position \_\_\_\_\_

Department \_\_\_\_\_

Business Name \_\_\_\_\_

Location Address (Street) \_\_\_\_\_

Mailing Address if different from Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Numbers for General Public/Clients:

Voice \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Website \_\_\_\_\_

Direct Numbers of Applicant

Voice \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Please provide a description of your business. (I.e. services/products offered) The copy provided will be included on your Internet listing. We will also try to include it in a "Welcome to New Members" section of the *Breast Center Bulletin* newsletter.

(Over, please)

**Yes No** Would you be willing to prepare an article or be interviewed and have our writer prepare an article about your products/services to be included in a future copy of the NCBC newsletter, the *Breast Center Bulletin*?

**Please list or describe area(s) about which you would be willing to share your expertise with our membership.**

**Dues Payment Schedule:**

- Membership is from October 1 through September 30
- Payments received between October 1 and February 28, from all new member applicants, cover membership through September 30 and are at the annual dues rate. Annual dues are \$500 for the corporation and designated member. If a conference exhibitor take 25% off.
- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$250.
- Payments received after June 1 and before September 30, from new member applicants, will be at the annual dues rate and will cover the remainder of that year and all of the next year.

**Your TWO Membership Certificates will contain:**

your corporation name on one, and both your name and the name of your corporation on the other.

- Paying by check
- Paying by Visa or MasterCard (complete below)

Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Signature \_\_\_\_\_  
Date of Application \_\_\_\_\_