



# 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.

## INDEPENDENT BUSINESS / ORGANIZATION / SOLE PROPRIETORSHIP

This membership category is for independent businesses that provide a product or service to breast health professionals or the breast facility. Consultants, independent marketing businesses, authors and writing services would be included in this category. Membership listings on the internet will contain the name of the individual and the name of the business. 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"/> Consultant<br><input type="checkbox"/> Marketing Business<br><input type="checkbox"/> Author<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 \$250 for the business and designated member.
- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$125.
- 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.

**You will receive  
TWO Membership Certificates**

One will have **your business name only**, the other will contain **both your name and the name of your business.**

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

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