



Membership Application

INDEPENDENT PROFESSIONAL

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, MasterCard, Discover or American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

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Individuals must be a direct provider of patient care. Membership will be listed under individual's name - no business/office name identified on the membership list and listing on the Internet. All memberships include reduced registration to the Annual National Interdisciplinary Breast Conference.

Membership Sponsorship

This Membership was referred- the sponsor's information is listed below

<i>First Name</i>	<i>Last Name</i>	<i>Sponsor NCBC ID</i>
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This Membership was not referred

Contact Information

Name _____

First	M. Initial (if used)	Last	Professional Initials (MD, RN, RT, PhD)
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Title/Position/Description _____
(i.e. Author, Breast Surgeon, Nurse Consultant, Retired)

Specialty _____

Address _____

Address _____

City, State, Zip _____

Voice _____ Email _____

Fax _____ Website _____

Professional Expertise description

Please provide a description of your professional expertise and involvement. The information you provide will be included on your Internet listing and on the Membership list. The purpose of sharing this information is to expand networking opportunities among the membership.

Identify area(s) about which you would be willing to share your expertise:

<ul style="list-style-type: none"> <input type="checkbox"/> Policy and Procedures Manual <input type="checkbox"/> Staff Roles and Job Descriptions <input type="checkbox"/> Administrative Software <input type="checkbox"/> Tracking Software <input type="checkbox"/> Breast Center Physical Settings <input type="checkbox"/> Starting a Breast Center <input type="checkbox"/> Expanding a Breast Center to a Women's Center <input type="checkbox"/> Marketing Techniques <input type="checkbox"/> Machinery and Equipment Purchase/Feasibility <input type="checkbox"/> Merging Facilities/Buyouts - Patient Impact <input type="checkbox"/> Merging Facilities/Buyouts - Administrative/Operation Impact <input type="checkbox"/> Other areas of expertise: 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical Pathway Development <input type="checkbox"/> Mobile Mammography <input type="checkbox"/> Patient Educational Resources <input type="checkbox"/> Lymphedema Programs <input type="checkbox"/> High Risk Programs <input type="checkbox"/> Out reach programs <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Breast Reconstruction <input type="checkbox"/> Breast Augmentation <input type="checkbox"/> Nutritional Counseling/Information <input type="checkbox"/> Psycho-social services/programs <input type="checkbox"/> Other areas of expertise:
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Membership Networking

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

Payment Options

<p>Dues Payment Schedule:</p> <p>-- Membership is from October 1 through September 30</p> <p>-- 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 \$195 for the designated member.</p> <p>-- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$100.</p> <p>-- 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.</p>	<p style="text-align: center;">Your Membership Certificate will contain</p> <p style="text-align: center;">your name and professional credentials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paying by check <input type="checkbox"/> Paying by Visa, MasterCard, Discover and American Express (complete below) <p>Card Number _____</p> <p>Exp. Date _____ CVV2#: _____</p> <p>Name as it appears on card _____</p> <p>Charge amount authorized \$ _____</p> <p>Signature _____</p> <p>Date of Application _____</p>
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