



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

INDEPENDENT PROFESSIONAL MEMBERSHIP

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

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

Title/Position/Description _____
(i.e. Author, Breast Surgeon, Nurse Consultant, Retired)

Address _____

Address _____

City, State, Zip _____

Voice _____
 Fax _____

Email _____
 Website _____

Optional

Please provide a description of your professional expertise and involvement. The information you provide will be included on your Internet listing. 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: <p>_____</p> <p>_____</p>	<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: <p>_____</p> <p>_____</p>
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(Over, please)

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*?

Patient Services

Screening

- Screening mammography
Approximate number completed per year _____

Diagnostics

- fine needle (FNA)
 core biopsy
 sonography
 ultrasound
 stereotactic
 galactography

Treatment

- Chemotherapy
 Radiation therapy

Surgical

- Reconstructive Surgery
 Cosmetic Surgery

Rehabilitation

- Lymphedema program
 Physical Therapy
 Prosthesis Fitting

Patient Education

- High Risk counseling
 Patient Resource literature
 Patient Resource library/dedicated area
 Complementary and Alternative medicine
 Life Styles
 Nutrition counseling
 Psychosocial counseling
 Patient educator on staff
 Patient Advocacy and Survivorship Groups
 Coordinate Social Service options for patients

Other services for women offered on site

- Coordination of pre-natal services
 Coordination of ob/gyn services
 Coordination of osteoporosis services
 Coordination of preventative services
 Participate in clinical trials

Other services /information

Your Membership Certificate will contain

your name and professional credentials

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 \$195 for the 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 \$100.

-- 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.

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

Card Number _____

Exp. Date _____

Name as it appears on card _____

Charge amount authorized \$ _____

Signature _____

Date of Application _____