



**II. Facility Description - This information will appear on your Internet Listing**

Please provide a description of your facility. (I.e. Practice setting, ownership, services provided, staff) The copy provided will be included on your Internet listing. You may attach copy or email copy if more space is needed.

**III. Facility or Staff Picture - Please provide if possible - This picture will appear on your Internet Listing**

**IV. Membership Networking**

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

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

- Policy and Procedures Manual
- Staff Roles and Job Descriptions
- Administrative Software
- Tracking Software
- Breast Center Physical Settings
- Starting a Breast Center
- Expanding a Breast Center to a Women's Center
- Marketing Techniques
- Machinery and Equipment Purchase/Feasibility
- Merging Facilities/Buyouts - Patient Impact
- Merging Facilities/Buyouts - Administrative/Operation Impact
- Other areas of expertise: \_\_\_\_\_

- Clinical Pathway Development
- Mobile Mammography
- Patient Educational Resources
- Lymphedema Programs
- High Risk Programs
- Out reach programs
- Clinical Trials
- Breast Reconstruction
- Breast Augmentation
- Nutritional Counseling/Information
- Psycho-social services/programs
- Other areas of expertise: \_\_\_\_\_

**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 facility and designated member. Additional applicants from the facility are at the annual rate of \$90 per applicant.

-- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$125 for initial applicant (facility and designated member) and \$50 for each subsequent applicant.

-- 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**

one with your facility name only and the other with both your name and the name of your facility

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

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