



Membership Application

GOVERNMENT/MILITARY ASSOCIATE or ADDITIONAL MEMBER

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.

Name of Primary Member _____

Primary Member ID Number _____

Facility (Site) Number _____

ASSOCIATE MEMBERSHIP FOR ADDITIONAL GOVERNMENT/MILITARY APPLICANT

The facility must be a direct provider of patient care. Membership materials, which include certificates and internet listings, will be under the facility/institution/clinic name. One individual is designated as the initial or primary member. Subsequent individuals from the same facility may become members at a reduced rate. 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 _____

Department _____

Facility Name _____

Facility Street Location Address _____

Facility Mailing Address if different from Street Address _____

City, State, Zip _____

Business Numbers for General Public/Clients:
 Voice _____
 Fax _____
 Website _____

Direct Numbers of Applicant
 Voice _____
 Fax _____
 Email _____

Please identify the name of the primary member from your facility if known _____

Please identify the site number of your facility if known _____

Over or next page please

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 \$90 for the additional military member.

-- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$50.

-- 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 Membership Certificate
will contain**

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 _____

Charge amount authorized \$ _____

Signature _____

Date of Application _____