



# Membership Application

## GOVERNMENT/MILITARY FACILITY OR INDIVIDUAL

### Primary 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.

## GOVERNMENT/MILITARY FACILITY or INDIVIDUAL

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.

Initial Applicant of Facility/Institution/Clinic

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 \_\_\_\_\_

### I. Patient Services - This information will appear on your Internet Listing

#### Mobile Mammography

- Provided
- Not provided
- Number of units (sites) \_\_\_\_\_

#### Self Referrals Accepted

\_\_\_ yes \_\_\_ no

#### Diagnostics

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

#### 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

#### Treatment

- Chemotherapy
- Radiation therapy

#### Surgical

- Reconstructive surgery
- Cosmetic Surgery
- Sentinel Lymph node mapping and biopsy
- Ductal Lavage for high risk women

**This is for office use only - IT WILL NOT APPEAR IN ANY LIST OR ON THE INTERNET**

Approximate number Screening Mammograms performed annually \_\_\_\_\_  
 Approximate year facility opened \_\_\_\_\_

(OVER PLEASE)

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

Please provide a description of your facility. (I.e. Clinical setting, Government Agency/Military Service, 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 within the Military Facility
- Expanding a Breast Center to a Women's Center
- Marketing Techniques
- Machinery and Equipment Purchase/Feasibility
- Research Initiatives in Breast Disease
- 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 \$150 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 \$100 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 \_\_\_\_\_  
 Charge amount authorized \$ \_\_\_\_\_

Signature \_\_\_\_\_  
 Date of Application \_\_\_\_\_