



# Membership Application

## Corporate - Medical Manufacturer/Supplier or Pharmaceutical

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, fax or **go online** with payment to the NCBC office. Payment may be made by check, money order, PayPal, Visa, MasterCard, Discover or American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

### CORPORATE MEMBERSHIP- Medical Manufacturers, Suppliers or Pharmaceuticals

The applicant is a provider of services or products to breast health professionals or breast facilities. Types of members include medical manufacturers, suppliers, software companies, research facilities, and pharmaceuticals. The applying organization designates one individual to be the primary contact. Subsequent individuals from the same company may join at a reduced rate. All membership listings on the Internet will include the name of the designated individual and the company name. All memberships include reduced registration to the Annual Interdisciplinary Breast Center Conference.

#### Contact Information

- Initial Applicant
- Subsequent Applicant  
(After your facility has an Initial Applicant at the \$600.00 rate, additional employees may become members at the rate of \$150.00)
- Manufacturer of Medical Devices
- Medical Supplier
- Pharmaceutical Company
- Other \_\_\_\_\_

Name \_\_\_\_\_  
First M.I. (if used) Last Professional Initials (MD, RN, RT, PhD)

Title/Position \_\_\_\_\_

Department \_\_\_\_\_

Business Name \_\_\_\_\_

Location Address (Street) \_\_\_\_\_

Mailing Address if different from Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Numbers for General Public/Clients:

Voice \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Direct Numbers of Applicant

Voice \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

#### Business Description

Please provide a description of your business. (i.e., services/products offered). The copy provided will be included in your Internet listing. Please ATTACH or send via e-mail a picture you would like included with this description.

## Membership Networking

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

Please list or describe area(s) about which you would be willing to share your expertise with our membership.

### Dues Payment Schedule:

-- Membership is good for one year from date of payment. (If you become a member May 20<sup>th</sup> 2014 it will expire May 20<sup>th</sup> 2015)

-- Annual dues are \$600 with the benefits listed below.

- Facility membership group rate discount of 10% off registration to our annual conference with coupon code limit up to five staff members.
- Our 24 hour direct connect information exchange for all members to get questions answered.
- For your staff, we offer the most comprehensive NEXT level Certifications for Navigator, CBE, and BSE in regards to multidisciplinary care.
- New this year is the Blog, we are creating a community for our members to come together doctors, surgeons, nurses, technologists and industry businesses, just to name a few.
- The highly acclaimed NCoBC Conference is a phenomenal experience for your whole team and now includes:
  1. An average of 80 world renowned speakers
  2. Close to 100 breast industry exhibitors with the most advanced technology and software to date.
  3. The Best Valued Education out there with around 40 CEU's available per conference.
- You will receive an NCBC Membership Certificate to display in your office.

Your Two Membership Certificates will contain:

one with your corporation name only and the other with both your name and the name of your corporation.

Paying by fax or mail (check or credit card) – Add additional admin fee of 25.00

Paying by PayPal on our website [www.breastcare.org](http://www.breastcare.org)  
**NO ADMIN FEE**

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV2#: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Charge amount authorized \$ \_\_\_\_\_

Signature \_\_\_\_\_

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