



Membership Application

Independent Breast Health Medical Professional

National Consortium of Breast Centers, Inc.
PO 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 and American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

INDEPENDENT BREAST HEALTH MEDICAL PROFESSIONAL

The entity must be a direct provider of patient care. The Independent Breast Health Medical Professional membership is an individual membership that stays with the professional. All membership allows members to register for the Annual Interdisciplinary Breast Center Conference at the discounted member rate as well as many other benefits.

Contact Information

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

Title/Position _____

Department _____

Position Specialty _____

Facility Name (if you want it listed on our website listing) _____

Address to send all membership and notification materials _____

City, State, Zip _____

Direct Numbers of Applicant

Voice _____

Website _____

Fax _____

Email _____

Payment Options

Dues Payment Schedule:

-- Membership is good for one year from date of payment. (If you become a member May 20th 2014 it will expire May 20th 2015) You will need to be an active membership to get the discounted conference rate. This is a savings of close to \$250.00

-- Annual dues are \$150 for the independent breast health medical professional member.

Annual membership is required for annual Navigator Certification renewals and annual CBE renewals. (example: \$150 membership dues +\$50 renewal fee)

Your Membership Certificate will contain both your name and the name of your facility

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

Paying via PayPal on www.breastcare.org - **NO ADMIN FEE**

Card Number _____

Exp. Date _____ CVV2#: _____

Name as it appears on card _____

Charge amount authorized \$ _____

Signature _____

Date of Application _____