



Membership Application

INDEPENDENT BUSINESS – CONSULTANTS and BUSINESS PROFESSIONALS

National Consortium of Breast Centers, Inc.
 P. O. Box 1334
 Warsaw, IN 46581-1334

Please accept our invitation to become a member of 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.

INDEPENDENT BUSINESS MEMBERSHIP – Consultants and Business Professionals

This membership category is for independent businesses that provide a product or service to breast health professionals or the breast facility. Consultants, independent marketing businesses, authors, and writing services would be included in this category. Membership listings on the Internet will contain the name of the individual and the name of the business. All memberships include reduced registration to the Annual Interdisciplinary Breast Center Conference.

Contact Information

- | | |
|--|---|
| <input type="checkbox"/> Initial Applicant | <input type="checkbox"/> Consultant |
| | <input type="checkbox"/> Marketing Business |
| | <input type="checkbox"/> Author |
| | <input type="checkbox"/> Other _____ |

Name _____
First
M.Initial (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 on your Internet listing.

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 20th 2014 it will expire May 20th 2015)

-- Annual dues are \$250 with the benefits listed below.

- Our 24 hour direct connect information exchange for all members to get questions answered.
- 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 24 CEU's available per Conference and that's just to name a few highlights.
- Finally, you will receive an NCBC Membership Certificate to display in your office.

Your Two Membership Certificates will contain

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

- Paying by fax or mail (check or credit card) – Add additional admin fee of 25.00
- Paying by PayPal, Visa, MasterCard, Discover, or American Express on our website www.breastcare.org **NO ADMIN FEE**

Card Number _____

Exp. Date _____ CVV2#: _____

Name as it appears on card _____

Charge amount authorized \$ _____

Signature _____

Date of Application _____