



# Membership Application

## Independent Breast Health Medical Professional- Physician

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

Membership Application

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- Physician

**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. This membership allows member to register for the Annual Interdisciplinary Breast Center Conference at the discounted member rate as well as many other benefits including digital access to Wiley's "The Breast Journal".

#### Contact Information

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

Male \_\_\_\_\_ Female \_\_\_\_\_

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

Business phone: \_\_\_\_\_

Website \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Payment Options

##### Dues Payment Schedule:

-- Membership is good for one year from date of payment. (If you become a member May 20<sup>th</sup> 2015 it will expire May 20<sup>th</sup> 2016) You will need to have a current membership to get the discounted conference rate. This is a savings of \$200.00.

-- Annual dues are \$275 for the Independent Breast Health Medical Professional - Physician Member.

Annual membership is required for annual Navigator Certification renewals and annual CBE renewals. (example: \$275 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)

Paying via PayPal on [www.breastcare.org](http://www.breastcare.org)

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

Exp. Date \_\_\_\_\_ CVV2#: \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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