



Membership Application

Corporate/Business

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

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.

Contact Information

- | | |
|---|--|
| <input type="checkbox"/> Initial Applicant | <input type="checkbox"/> Manufacturer of Medical Devices |
| <input type="checkbox"/> Subsequent Applicant | <input type="checkbox"/> Medical Supplier |
| (After your Company has an Initial Applicant at the \$600.00 rate, additional employees may become members at the rate of \$150.00 for non-physicians, \$275.00 for Physicians) | <input type="checkbox"/> Pharmaceutical Company |
| | <input type="checkbox"/> Other _____ |

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

Title/Position _____

Department _____

Business Name _____

Location Address (Street) _____

City, State, Zip _____

Mailing Address if different from Location Address _____

Business Numbers for General Public/Clients:

Direct Numbers of Applicant:

Voice _____

Voice _____

Fax _____

Fax _____

Email _____

Email _____

Website _____

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 email description to ncbc@breastcare.org for your listing.

Company or Staff Picture

You may provide a digital photo and send to ncbc@breastcare.org for your listing

Dues Payment Schedule:

-- Membership is good for one year. (If you become a member March 1, 2016 it will expire March 1, 2017)

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

- Our 24 hour information exchange for all members to get questions answered;
- Receipt of the **NCBC online newsletter**, *Breast Center Bulletin*;
- Assistance with **marketing to member** breast health professionals;
- Opportunity to **advertise through the NCBC** website, E-mail Exchange or newsletter at a 50% discount;
- **Free listing** on NCBC Internet page describing products and/or services;
- Have your job opening listed free on the NCBC website (\$400.00 value);
- 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 up to 25 CEU's available per conference.
- Finally, you will receive NCBC Membership Certificates to display in your office. One with your facility name only and the other with both your name and the name of your facility.

Payment Options:

Fax: 574.267.8268 (credit card only)

Mail to: NCBC, P.O. Box 1334, Warsaw, IN 46581

Card Number _____

Exp. Date _____

CVV2#: _____

Name as it appears on card _____

Charge amount authorized \$ _____

Signature _____

Date of Application _____