



Membership Application

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 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.

This membership category is for independent businesses, with fewer than 5 employees, 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.

Contact Information

Initial Applicant

Consultant

Marketing Business

Author

Other _____

Name _____
First M.Initial (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:

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. 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 from date of payment. (If you become a member May 20th 2015 it will expire May 20th 2016)

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

- Our 24 hour direct connect 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 _____