



# Membership Application

## MILITARY ASSOCIATE MEMBER

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

Please accept our invitation to become a member of the NCBC. Complete this form and mail it with payment to the NCBC office. Payment may be made by check, money order, Visa, MasterCard, Discover and American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

Name of Primary Member \_\_\_\_\_

Primary Member ID Number \_\_\_\_\_

Facility (Site) Number \_\_\_\_\_

### ASSOCIATE MEMBERSHIP FOR ADDITIONAL MILITARY APPLICANT

The entity must be a direct provider of patient care. Membership materials, which include an internet listing, will be under the facility/institution/practice name. One individual is designated as the initial or primary member. Subsequent individuals from the same facility may become members at a reduced rate. All memberships include reduced registration to the Annual National Interdisciplinary Breast Conference.

#### Membership Sponsorship

This Membership was referred- the sponsor's information is listed below

*First Name*

*Last Name*

*Sponsor NCBC ID*

This Membership was not referred

#### Contact Information

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

Title/Position \_\_\_\_\_

Department \_\_\_\_\_

Specialty \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Street Location Address \_\_\_\_\_

Facility Mailing Address if different from Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Numbers for General Public/Clients:

Voice \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Website \_\_\_\_\_

Direct Numbers of Applicant

Voice \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Identify area(s) about which you would be willing to share your expertise:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy and Procedures Manual</li> <li><input type="checkbox"/> Staff Roles and Job Descriptions</li> <li><input type="checkbox"/> Administrative Software</li> <li><input type="checkbox"/> Tracking Software</li> <li><input type="checkbox"/> Breast Center Physical Settings</li> <li><input type="checkbox"/> Starting a Breast Center</li> <li><input type="checkbox"/> Expanding a Breast Center to a Women's Center</li> <li><input type="checkbox"/> Marketing Techniques</li> <li><input type="checkbox"/> Machinery and Equipment Purchase/Feasibility</li> <li><input type="checkbox"/> Merging Facilities/Buyouts - Patient Impact</li> <li><input type="checkbox"/> Merging Facilities/Buyouts - Administrative/Operation Impact</li> <li><input type="checkbox"/> Other areas of expertise: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Clinical Pathway Development</li> <li><input type="checkbox"/> Mobile Mammography</li> <li><input type="checkbox"/> Patient Educational Resources</li> <li><input type="checkbox"/> Lymphedema Programs</li> <li><input type="checkbox"/> High Risk Programs</li> <li><input type="checkbox"/> Out reach programs</li> <li><input type="checkbox"/> Clinical Trials</li> <li><input type="checkbox"/> Breast Reconstruction</li> <li><input type="checkbox"/> Breast Augmentation</li> <li><input type="checkbox"/> Nutritional Counseling/Information</li> <li><input type="checkbox"/> Psycho-social services/programs</li> <li><input type="checkbox"/> Other areas of expertise: _____</li> </ul>
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**Payment Options**

<p><b>Dues Payment Schedule:</b></p> <p>-- Membership is from October 1 through September 30.</p> <p>-- Payments received between October 1 and February 28, from all new member applicants, cover membership through September 30 and are at the annual dues rate. <b>Annual dues are \$90 for the additional member.</b></p> <p>-- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$50.</p> <p>-- Payments received after June 1 and before September 30, from new member applicants, will be at the annual dues rate and will cover the remainder of that year and all of the next year.</p>	<p style="text-align: center;"><b>Your Membership Certificate will contain</b> both your name and the name of your facility</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paying by check</li> <li><input type="checkbox"/> Paying by Visa, MasterCard, Discover and American Express (complete below)</li> </ul> <p>Card Number _____</p> <p>Exp. Date _____ CVV2#: _____</p> <p>Name as it appears on card _____</p> <p>Charge amount authorized \$ _____</p> <p>Signature _____</p> <p>Date of Application _____</p>
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