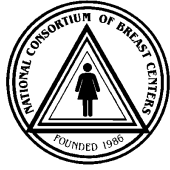


Membership Application

Corporate - Medical Manufacturer/Supplier or Pharmaceutical



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 or American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

CORPORATE MEMBERSHIP- Medical Manufacturers, Suppliers or Pharmaceuticals

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. 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

<i>First Name</i>	<i>Last Name</i>	<i>Sponsor NCBC ID</i>
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This Membership was not referred

Contact Information

- | | |
|---|--|
| <input type="checkbox"/> Initial Applicant
<input type="checkbox"/> Subsequent Applicant | <input type="checkbox"/> Manufacturer of Medical Devices
<input type="checkbox"/> Medical Supplier
<input type="checkbox"/> Pharmaceutical Company
<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 in your Internet listing. Please ATTACH or send via e-mail a picture you would like included with this description.

Membership Networking

Yes No 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*?

Please list or describe area(s) about which you would be willing to share your expertise with our membership.

Payment Options

Dues Payment Schedule:

- Membership is from October 1 through September 30
- 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. **Annual dues are \$500 for the corporation and designated member.** If a conference exhibitor or sponsor take 25% off.
- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$250.
- 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.

Your Two Membership Certificates will contain:

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

- Paying by check
- Paying by Visa, MasterCard, Discover or American Express (complete below)

Card Number _____
Exp. Date _____ CVV2#: _____
Name as it appears on card _____
Charge amount authorized \$ _____
Signature _____
Date of Application _____