

Business Description

Please provide a description of your business. (i.e., services/products offered) The copy provided will be included on your Internet listing.

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 \$250 for the business and designated member.
- Payments received between March 1 and May 31, from new member applicants, cover membership through September 30 and are at the rate of \$125.
- 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 business name only and the other with both your name and the name of your business.

- 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 _____