



CATHOLIC MEDICAL ASSOCIATION

Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

NEW MEMBER APPLICATION

Membership benefits: Spiritual and professional support; Subscription to The Linacre Quarterly and the CMA newsletter; Educational opportunities and networking; International service opportunities.

Membership Categories	Dues (check one)
Physician Members (M.D., D.O.):	
Physician, Active	_____ \$325.00
Physician, Retired/Non-Practicing/Part-Time	_____ \$175.00
Physician in Training (Residents, Fellows)	_____ \$100.00
Associate Members:	
Dentists	_____ \$200.00
Chiropractors	
Podiatrists	
Others holding doctoral degrees	
Affiliate Members:	
Allied Health Professionals	_____ \$125.00
Clergy and Religious	_____ \$100.00
Students	_____ \$45.00
Friends of the CMA	_____ \$125.00
Non-Catholic Physicians	_____ \$200.00

Payment Method: CHECK (Check # _____) CREDIT CARD: Visa MC AMEX
Make check payable to Catholic Medical Association

Credit Card Number: _____ Expiration Date: _____

I authorize \$ _____ to be charged to this credit card Billing address, if different from mailing address below: _____

Signature (for credit card payments): _____ Date: _____ *For security reasons, do not send credit card info via e-mail*

<i>Please print clearly</i>	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell (____) _____
Name: _____	E-mail: _____
Mailing preference: <input type="checkbox"/> Home <input type="checkbox"/> Office	Local CMA Guild: _____ None
Organization (if Office): _____	Degree: _____
Address: _____	Primary Specialty: _____
_____	Other Specialties: _____
City: _____	Board Certified in: _____
State: _____ Zip Code/Postal Code: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Year of Birth: _____
Country (if not U.S.A.): _____	How did you hear about the CMA? _____