



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 # _____)
Make check payable to Catholic Medical Association.

CREDIT CARD: Visa MC AMEX
 Circle if you would like your credit card charged automatically each year:
Automatic Annual Renewal

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

Please print clearly

Name: _____

Mailing preference: Home Office

Organization (if Office): _____

Address: _____

City: _____

State: _____ Zip Code/Postal Code: _____

Country (if not U.S.A.): _____

Telephone: Home Office Cell

(_____) _____

E-mail: _____

Local CMA Guild: _____ None

Degree: _____

Primary Specialty: _____

Other Specialties: _____

Board Certified in: _____

Gender: Male Female Year of Birth: _____

How did you hear about the CMA?