



CATHOLIC MEDICAL ASSOCIATION

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

MEMBERSHIP RENEWAL

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 or Credit Card)	Automatic Renewal (10% Discount - CC Only)
Physician Members (M.D., D.O.): Physician, Active Physician: <input type="checkbox"/> Retired <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Part-Time Physician in Training (Residents, Fellows)	___ \$325.00 ___ \$175.00 ___ \$100.00	Your credit card will be automatically charged, annually. ___ \$292.50 ___ \$157.50 ___ \$90.00
Associate Members: Dentists, Chiropractors, Podiatrists, P.A., N.P., and other doctoral degrees (D.D.S., D.M.D., D.P.M., Ed.D., J.D., Ph.D., etc.)	___ \$200.00	___ \$180.00
Affiliate Members: Allied Health Professionals including Nurses Clergy and Religious Full-Time Students Friends of the CMA Non-Catholic Physicians	___ \$125.00 ___ \$100.00 ___ \$45.00 ___ \$125.00 ___ \$200.00	___ \$112.50 ___ \$90.00 ___ \$40.50 ___ \$112.50 ___ \$180.00

Payment Method: CHECK (Check # _____)
Make check payable to Catholic Medical Association.

CREDIT CARD: Visa MC AMEX
 Automatically charge your credit card, annually: Yes No

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Date:

For security reasons, do not send credit card info via e-mail.

Please print clearly

Name: _____

E-mail: _____

Mailing preference: Home Office

Local CMA Guild: _____ None

Organization (if Office): _____

Degree: _____

Address: _____

Primary Specialty: _____

Other Specialties: _____

City: _____

Board Certified in: _____

State: _____ Zip Code/Postal Code: _____

Gender: Male Female Year of Birth: _____

Active or Retired Military: Yes No

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

Medical School Attended: _____

Telephone: Home Office Cell
 (_____) _____

Year of Graduation: _____

How did you hear about the CMA?