



# 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 or Credit Card)	Automatic Renewal (10% Discount - CC Only)
<b>Physician Members (M.D., D.O.):</b> 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
<b>Associate Members:</b> 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
<b>Affiliate Members:</b> Allied Health Professionals including Nurses Clergy and Religious Full-Time Students Four-Year Student Membership Friends of the CMA Non-Catholic Physicians	___ \$125.00 ___ \$100.00 ___ \$45.00 ___ \$150.00 ___ \$125.00 ___ \$200.00	___ \$112.50 ___ \$90.00 ___ \$40.50 N/A ___ \$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

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: \_\_\_\_\_

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? \_\_\_\_\_