



CATHOLIC MEDICAL ASSOCIATION

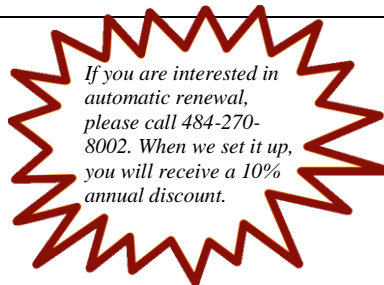
Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

2018 GIFT MEMBERSHIP

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Membership Categories	Dues (Check or Credit Card)
Physician Members (M.D., D.O.): Active First Year in Practice Semi-Retired (<20 Hours per Week) Retired (0 Hours per Week) Residents or Fellows Clergy or Religious who are Physicians Uniformed Service (Active Duty Only)	___ \$425.00 ___ \$200.00 ___ \$175.00 ___ \$100.00 ___ \$50.00 ___ \$75.00 ___ \$200.00
Associate Members: All other doctoral degrees including D.D.S., D.M.D., plus C.R.N.A., P.A., N.P., and C.N.M. Retired (0 Hours per Week)	___ \$225.00 ___ \$100.00
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<p align="center">Membership for</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code/Postal Code: _____</p> <p>Country (if not U.S.A.): _____</p> <p>Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell (_____) _____</p> <p>E-mail: _____</p> <p>Local CMA Guild: _____ None</p>	<p>Degree: _____</p> <p>Primary Specialty: _____</p> <p>Other Specialties: _____</p> <p>Board Certified in: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Year of Birth: _____</p> <p>Active or Retired Military: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permanent Deacon: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical School Attended: _____</p> <p>Year of Graduation: _____</p> <p><i>Membership benefits include spiritual and professional support; subscription to The Linacre Quarterly and The Pulse of Catholic Medicine Magazine; educational opportunities and networking; email updates and action alerts; discounted registration to our Annual Conference.</i></p>
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