



# CATHOLIC MEDICAL ASSOCIATION

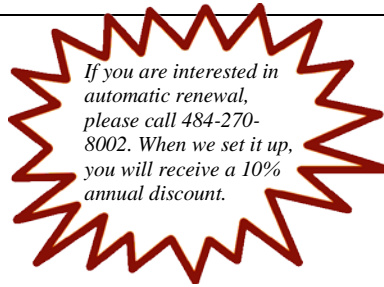
*Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine*

## 2020 GIFT MEMBERSHIP

Gift membership from \_\_\_\_\_

Please complete information below for the membership recipient

Membership Categories	Dues (Check or Credit Card)
<b>Physician Members (M.D., D.O.):</b> Active First Year in Practice Second 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 ___ \$300.00 ___ \$175.00 ___ \$100.00 ___ \$50.00 ___ \$75.00 ___ \$200.00
<b>Associate Members:</b> 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
<b>Affiliate Members:</b> Medical Students (4 Year Fee) Medical Students (1 Year Fee) Nurses and Allied Health Professionals Retired (0 Hours per Week) Clergy and Religious Seminarians Friends and Supporters Non-Catholic Physicians	___ \$100.00 ___ \$35.00 ___ \$150.00 ___ \$100.00 ___ \$50.00 ___ No Charge ___ \$150.00 ___ \$200.00



Payment Method: CHECK (Check # \_\_\_\_\_) CREDIT CARD:  Visa  MC  AMEX  Discover  
 Make check payable to Catholic Medical Association, 550 Pinetown Rd., Suite 205, Fort Washington, PA 19034

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I authorize \$ \_\_\_\_\_ to be charged to this credit card.

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Membership for	
Name: _____	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.): _____	Active or Retired Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell	Permanent Deacon: <input type="checkbox"/> Yes <input type="checkbox"/> No
(_____) _____	Pre-Med: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail: _____	Medical School Attended: _____
Local CMA	Year of Graduation: _____
Guild: _____ None	<i>Membership dues stretch from January-December and should be paid by March 31st to keep membership current. 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>