



CATHOLIC MEDICAL ASSOCIATION

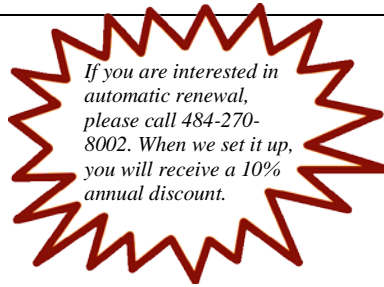
Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

2021 GIFT MEMBERSHIP

Gift membership from _____

Please complete information below for the membership recipient

Membership Categories	Dues (Check or Credit Card)
Physician Members (M.D., D.O.): 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
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
Affiliate Members: 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

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.

Membership for

Name: _____

Degree: _____

Address: _____

Primary Specialty: _____

City: _____

Other Specialties: _____

State: _____ Zip Code/Postal Code: _____

Board Certified in: _____

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

Gender: Male Female Year of Birth: _____

Telephone: Home Office Cell

Active or Retired Military: Yes No

(_____) _____

Permanent Deacon: Yes No

E-mail: _____

Pre-Med: Yes No

Local CMA

Medical School Attended: _____

Guild: _____ None

Year of Graduation: _____

Catholic Physician Search: Yes No

(By selecting Yes, you are giving consent to be included in the CMA's Catholic Physician Search tool on our website.)

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.