



# CATHOLIC MEDICAL ASSOCIATION

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

## 2022 MEMBERSHIP RENEWAL

Membership dues cover the calendar year (January-December) and should be paid by March 31 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.

[Renew online www.cathmed.org/membership](http://www.cathmed.org/membership)

Membership Categories	Dues (Check or Credit Card)
Active Physicians (M.D., D.O.)	___ \$425.00
First Year in Practice	___ \$200.00
Second Year in Practice	___ \$300.00
Semi-Retired (<20 Hours per Week)	___ \$175.00
Retired (0 Hours per Week)	___ \$100.00
Residents or Fellows	___ \$ 50.00
Clergy or Religious who are Physicians	___ \$ 75.00
Uniformed Service (Active Duty Physicians Only)	___ \$200.00
All other doctoral degrees including D.D.S., D.M.D., plus C.R.N.A., P.A., N.P., and C.N.M.	___ \$225.00
Retired (0 Hours per Week)	___ \$100.00
Medical Students	___ \$ 25.00
Student (Other): _____	___ \$ 25.00
Nurses	___ \$150.00
Retired (0 Hours per Week)	___ \$100.00
Clergy and Religious	___ \$ 50.00
Seminarians / Novices / Individuals in Formation	___ No Charge
Friends and Supporters	___ \$150.00
Non-Catholic Physicians	___ \$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): \_\_\_\_\_

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

Donations for CMA Stewardship Funds:	
• <b>Most Urgent Priorities</b>	\$ _____
• Holy Alliance ( <i>Account #4203</i> )	\$ _____
• Research and Education ( <i>Account #4204</i> )	\$ _____
• M $\delta$ $\delta$ <i>(Account #4207)</i> $\delta$	\$ _____
• YMAC Initiatives ( <i>Account #4220</i> )	\$ _____

*Please print clearly*

Name: \_\_\_\_\_

Mailing preference:  Home  Office

Organization (if Office): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

Country (if not U.S.A.): \_\_\_\_\_

Telephone:  Home  Office  Cell(\_\_\_\_\_)\_\_\_\_\_

E-mail: \_\_\_\_\_

Local CMA Guild: \_\_\_\_\_

Active or Retired Military:  Yes  No

Medical School Attended: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Catholic Physician Search:  Yes  No  
*(By selecting Yes, you consent to be listed in CMA's Catholic Physician Search on our website.)*

Permanent Deacon:  Yes  No

Pre-Med:  Yes  No