



# CATHOLIC MEDICAL ASSOCIATION

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

## 2023 GIFT MEMBERSHIP

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

Please complete information below for the membership recipient

Membership Categories	Dues (Check or Credit Card)
Active (M.D., D.O.)	___ \$438.00
First Year in Practice	___ \$206.00
Second Year in Practice	___ \$309.00
Semi-Retired (<20 Hours per Week)	___ \$180.00
Retired (0 Hours per Week)	___ \$103.00
Residents or Fellows	___ \$52.00
Clergy or Religious who are Physicians	___ \$78.00
Uniformed Service (Active Duty Only)	___ \$206.00
All other doctoral degrees including D.D.S., D.M.D., plus C.R.N.A., P.A., N.P., and C.N.M.	___ \$232.00
Retired (0 Hours per Week)	___ \$103.00
Medical Students (1 Year Fee)	___ \$25.75
Students Other: _____	___ \$25.75
Nurses and Allied Health Professionals	___ \$155.00
Retired (0 Hours per Week)	___ \$103.00
Clergy and Religious	___ \$52.00
Seminarians	___ No Charge
Friends and Supporters	___ \$155.00

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

Pre-Med:  Yes  No

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

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

Local CMA

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

Guild: \_\_\_\_\_ None

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.*