



CATHOLIC MEDICAL ASSOCIATION

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

2024 New Member Application

Membership dues cover the January-December period and should be paid by March 31 to keep membership current. Membership benefits include: spiritual and professional support; subscription to peer-reviewed bioethics journal, The Linacre Quarterly; access to the online Members Only Community platform; educational opportunities and networking; email updates and action alerts; early bird registration discount for the Annual Educational Conference.

Membership Categories	Dues
Active (M.D., D.O.)	\$447
First Year in Practice	\$210
Second Year in Practice	\$315
Semi-Retired (<20 hours per week)	\$184
Retired (0 hours per week)	\$105
Residents or Fellows	\$53
Clergy or Religious who are Physicians	\$80
Uniformed Service (Active Duty Only)	\$210
All other doctoral degrees, including D.D.S., D.M.D., plus C.R.N.A., P.A., N.P., and C.N.M.	\$237
Retired (0 hours per week)	\$105
Medical Students	\$26
Students (Other): _____	\$26
Nurses and Allied Health Professionals	\$158
Retired (0 hours per week)	\$105
Clergy and Religious	\$53
Seminarians	No Charge
Friends and Supporters	\$158

Payment Method: CHECK (Check # _____)		CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
<i>Make check payable to Catholic Medical Association, 550 Pinetown Rd., Suite 205, Fort Washington, PA 19034</i>			
Credit Card Number:	Expiration Date:	CVV:	
I authorize \$ _____ to be charged to this credit card.		Billing Address (if different from address below)	
Signature (for credit card payments):		Date:	

Donations for CMA Stewardship Funds:	Amount: \$ _____
Most Urgent Priorities	\$ _____
Holy Alliance	\$ _____
Medical Missions	\$ _____
Medical Student and Resident Education	\$ _____
Novus Medicus Initiatives	\$ _____

Name:	Degree:
Preferred Address:	Primary Specialty:
City:	Other Specialty:
State:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Zip:	Diocese:
Country:	Permanent Deacon: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Telephone:	Pre-Med: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Telephone:	Medical School Attending/Attended:
Home Telephone:	Year of Graduation:
Local CMA Guild:	Local CMA Student Chapter:
Send me the Catholic Physician Search Registration Form: <input type="checkbox"/> Yes	How did you hear about CMA?