



# CATHOLIC MEDICAL ASSOCIATION

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

## May Pro-Rated 2024 Membership Renewal 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 *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.  
Join online: [www.cathmed.org/membership](http://www.cathmed.org/membership).

Membership Categories	Dues (Check or Credit Card)
Active Physicians (M.D., D.O.)	_____ \$372.50
First Year in Practice	_____ \$175.00
Second Year in Practice	_____ \$262.48
Semi-Retired (<20 Hours per Week)	_____ \$153.34
Retired (0 Hours per Week)	_____ \$87.50
Residents or Fellows	_____ \$44.18
Clergy or Religious who are Physicians	_____ \$66.66
Uniformed Service (Active Duty Physicians Only)	_____ \$175.00
All other doctoral degrees including D.D.S., D.M.D., plus C.R.N.A., P.A., N. P., and C.N.M.	
Retired (0 Hours per Week)	_____ \$197.75
	_____ \$87.50
Medical Students	
Student (Other): _____	_____ \$21.68
Nurses	_____ \$21.68
Retired (0 Hours per Week)	_____ \$131.68
Clergy and Religious	_____ \$87.50
Seminarians	_____ \$44.18
Friends and Supporters	_____ No Charge
	_____ \$131.68

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: \_\_\_\_\_ CVV: \_\_\_\_\_

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*

### Donations for CMA Stewardship Funds:

- Most Urgent Priorities
- Holy Alliance
- Medical Missions
- Medical Student and Resident Education
- Novus Medicus Initiatives

\$ \_\_\_\_\_  
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*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: \_\_\_\_\_ None

Active or Retired Military:  Yes  No

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

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 directory on our website.)*

Permanent Deacon:  Yes  No

Pre-Med:  Yes  No

