



CATHOLIC MEDICAL ASSOCIATION

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

May Pro Rated 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 *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.

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)	___ \$153.35
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.	___ \$197.50
Retired (0 Hours per Week)	___ \$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	\$ _____

<p style="text-align: center;"><i>Please print clearly</i></p> <p>Name: _____</p> <p>Mailing preference: <input type="checkbox"/> Home <input type="checkbox"/> Office</p> <p>Organization (if Office): _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip Code/Postal Code: _____</p> <p>Country (if not U.S.A.): _____</p>	<p>Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell</p> <p>(____) _____</p> <p>E-mail: _____</p> <p>Local CMA Guild: _____ None</p> <p>Medical School Attended: _____</p> <p>Year of Graduation: _____</p> <p>Diocese: _____</p> <p>How did you hear about the CMA? _____</p> <p>Permanent Deacon: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pre-Med: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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