

CATHOLIC MEDICAL ASSOCIATION

APPLICATION FOR CHARTERED GUILD STATUS

**1. Name and Address of Guild: “_____ , A
Chartered Guild of the Catholic Medical Association”**

(Street)

(City, State, Zip)

2. Diocese in which Guild is located:

Diocese _____

Bishop Approving _____

Chaplain _____

3. Members of the Board: include titles and addresses and contact information – email, etc.

(President and Vice-President must be current national CMA physician members – i.e., M.D. or D.O. all other officers must be current CMA members)

President _____

Email: _____

Vice-President _____

Email: _____

Secretary _____

Email _____

Treasurer _____

Email _____

Board & _____
Other _____
Members: _____

(At least 3 members must be physicians (MD or DO) holding active licenses and dues-paying members of the CMA National)

4. Acknowledge that your Bylaws state that a CMA Regional Director is an ex-officio member of your Board

Yes No

5. How are you going to establish your non-profit status (check one)

- Listed in diocesan directory and under the diocese**
- Unincorporated association**
- Non-profit corporation**
- Not determined yet**

Please return to:

**Catholic Medical Association
550 Pinetown Rd., Suite 205
Fort Washington, PA
19034-2607
Fax: 866-714-0242**

or

e-mail to info@cathmed.org