




CATHOLIC MEDICAL ASSOCIATION

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

2024 JULY PRO-RATED MEMBERSHIP RENEWAL

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	Save 10% and Sign Up for Auto Renewal Membership
Physician Members (M.D., D.O.)		CMA offers members the opportunity to sign up for auto renewal membership. Scan the QR code below, select your membership category and then click the "Auto Renewal" tab. <u>OR</u> Check the box below to allow CMA staff to set up your auto renewal membership. Please provide your credit card details in the payment section of this form. Check here: <input type="checkbox"/> ~ ~ ~ Scan Here to Renew Online 
Active	\$298.00	
First Year in Practice	\$140.00	
Second Year in Practice	\$209.96	
Semi-Retired (<20 hours per week)	\$122.68	
Retired (0 hours per week)	\$70.00	
Residents or Fellows	\$35.36	
Clergy or Religious who are Physicians	\$53.32	
Uniformed Service (Active Duty Physicians Only)	\$140.00	
Associate Members		
All other doctoral degrees including D.D.S., D.M.D., plus C.R.N.A., P.A., N.P. and C.N.M.	\$158.00	
Retired (0 hours per week)	\$70.00	
Affiliate Members		
Students	\$17.66	
Nurses and Allied Health	\$105.36	
Retired	\$70.00	
Clergy and Religious	\$35.36	
Friends and Supporters	\$105.36	
Donations for CMA Stewardship Funds:		\$ _____ \$ _____ \$ _____ \$ _____
<ul style="list-style-type: none"> • Most Urgent Priorities • Medical Missions • Medical Student and Resident Education • Novus Medicus Initiatives 		

Payment by (circle one): CHECK (Make checks payable to: Catholic Medical Association, 550 Pinetown Rd., Suite 205 Fort Washington, PA 19034)

CREDIT CARD: Visa MC AMEX Discover

Credit Card Number:

Expiration Date:

CVV:

I authorize \$ _____ to be charged to this credit card.

Signature (for credit card payments) _____ Date: ___/___/____

Mail, fax or pay dues online:

Catholic Medical Association, 550 Pinetown Rd., Suite 205, Fort Washington, PA 19034; fax: 866-714-0242; www.cathmed.org
 Questions? Call the CMA national office at 484-270-8002.

****Please make any updates to your essential contact information below.****

«Current_Category»
 «Current_Subcategory»

«Recognition_Name_Salutation_Text»
 «Member_PREFERRED_Address_Line_1»
 «Member_PREFERRED_Address_Line_2»
 «Member_PREFERRED_City», «Member_PREFERRED_State»
 «Member_PREFERRED_ZIP» «Member_PREFERRED_Country»

Mobile Telephone: «Mobile_Phone_Number»
Business Telephone: «Business_Phone_Number»
Home Telephone: «Home_Phone_Number»
Preferred Email: «Email_Number»

Local CMA Guild: «Guild_Member_Attribute_Text»
Primary Specialty:
 «Primary_Specialty_Member_Attribute_Text»