



CATHOLIC MEDICAL ASSOCIATION

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

2025 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.) | ___ \$460.00 |
| First Year in Practice | ___ \$216.00 |
| Second Year in Practice | ___ \$325.00 |
| Semi-Retired (<20 Hours per Week) | ___ \$190.00 |
| Retired (0 Hours per Week) | ___ \$108.00 |
| Residents or Fellows | ___ \$55.00 |
| Clergy or Religious who are Physicians | ___ \$82.00 |
| Uniformed Service (Active-Duty Physicians Only) | ___ \$216.00 |
| All other doctoral degrees including D.D.S., D.M.D., plus C.R.N.A., P.A., N.P., and C.N.M. | ___ \$244.00 |
| Retired (0 Hours per Week) | ___ \$108.00 |
| Medical Students | |
| Student (Other): _____ | ___ \$26.75 |
| Nurses | ___ \$26.75 |
| Retired (0 Hours per Week) | ___ \$162.00 |
| Clergy and Religious | ___ \$108.00 |
| Seminarians | ___ \$55.00 |
| Friends and Supporters | ___ No Charge |
| | ___ \$162.00 |

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 | \$ _____ |

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

Medical School Attended: _____

Year of Graduation: _____

Diocese: _____

How did you hear about the CMA? _____

Permanent Deacon: Yes No

Pre-Med: Yes No