



CATHOLIC MEDICAL ASSOCIATION

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

2025 Group Membership Form

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 members-only content through the online Members Community; Educational Opportunities and Networking; Email Updates; Early Bird registration discount for the Annual Educational Conference.

Please complete and return this form to CMA by mail or email.
 550 Pinetown Road, Suite 205, Fort Washington, PA 19034 or info@cathmed.org

Name of the Group (or Institution/Organization):

Number of Members in the Group:

Primary Contact's Name:

Specialty:

Address:

Email:

Phone:

Group/Institution/Organization Billing Information and Payment Details

Credit Card Number:

Check Credit Card

Make checks payable to Catholic Medical Association.

Billing Address (if different from address above)

Credit Card Type: Visa MC AMEX Discover

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

Expiration Date:

CVV:

Signature:

Today's Date:

CATEGORY	2025 Membership Rate	5-9 Group Members (15% Discount)	10-15 Group Members (20% Discount)	16+ Group Members (25% Discount)
Physicians				
Active	\$ 460.00	\$ 391.00	\$ 368.00	\$ 345.00
Second Year in Practice	325.00	276.25	260.00	243.75
First Year in Practice	216.00	183.60	172.80	162.00
Uniformed Service (Active Duty Only)	216.00	183.60	172.80	162.00
Semi-Retired (less than 20 hours/week)	190.00	161.50	152.00	142.50
Retired (0 hours per week)	108.00	91.80	86.40	81.00
Residents or Fellows	55.00	46.75	44.00	41.25
Clergy/Religious who are Physicians	82.00	69.70	65.60	61.50
Students	26.75	22.74	21.40	20.06
<input type="checkbox"/> Allied Health <input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical Graduate School <input type="checkbox"/> Other Full-Time <input type="checkbox"/> Pre-Med <input type="checkbox"/> Undergraduate				
Associate and Affiliate Members				
All Other Doctoral Degrees*	244.00	207.40	195.20	183.00
Nurse and Allied Health	162.00	137.70	129.60	121.50
Health Care Professional	162.00	137.70	129.60	121.50
Friends and Supporters	162.00	137.70	129.60	121.50
Retired (0 hours per week)	108.00	91.80	86.40	81.00
Clergy and Religious	55.00	46.75	44.00	41.25
Seminarians	Complimentary	Complimentary	Complimentary	Complimentary

*All Other Doctoral Degrees include DMD, DDS, CRNA, PA, NP, CNM.

**Note: If the contact person will be joining the group as a member, please fill out the information needed in Group Member 1 portion below.*

Group Member 1 Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 2 Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 3 Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 4 Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 5 Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 6

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 7

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 8

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 9

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 10

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 11

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 12

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 13

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 14

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 15

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 16

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 17

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 18

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 19

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 20

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 21

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 22

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 23

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 24

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____

Group Member 25

Price: _____

Name: _____ Degree(s) _____

Address _____
STREET CITY/STATE POSTAL CODE

Email: _____ Phone: _____

Membership Type: _____ Specialty: _____