



# CATHOLIC MEDICAL ASSOCIATION

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

## 2025 Seminarian Membership Application

### Member Information

Name: \_\_\_\_\_ Degree(s) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY/STATE POSTAL CODE

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Seminary attending: \_\_\_\_\_

Diocese/Religious Order of study: \_\_\_\_\_

Profession Year: \_\_\_\_\_ Ordination Year: \_\_\_\_\_

Return completed form to  
**info@cathmed.org.**

Thank you!