



# CATHOLIC MEDICAL ASSOCIATION

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

## 2025 Gift Membership Form

**Catholic Medical Association follows a rolling membership renewal system.**

**The membership renewal date will be one year from the date the initial payment was processed.**

*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.*

**Name of the Person(s) Donating the Gift Membership:**

CATEGORY	MEMBERSHIP RATES FOR 2025	AMOUNT (\$)
<b>Physicians</b>		
Active	\$ 460	
Second Year in Practice	325	
First Year in Practice	216	
Uniformed Service (Active Duty Only)	216	
Semi-Retired (less than 20 hours per week)	190	
Retired (0 hours per week)	108	
Clergy or Religious who are Physicians	82	
Residents/Fellows	55	
<b>Students</b>	26.75	

☐ Allied Health ☐ Medical ☐ Non-Medical Graduate School ☐ Other Full-Time ☐ Pre-Med ☐ Undergraduate

### Associate and Affiliate Members

All Other Doctoral Degrees, i.e., DMD, DDS, CRNA, PA, NP, CNM	244	
Nurse and Allied Health	162	
Health Care Professional	162	
Friends and Supporters	162	
Retired (0 hours per week)	108	
Clergy and Religious	55	
Seminarians	Complimentary	

**TOTAL ENCLOSED/CHARGED:**

### Gift Membership Renewal Method and Payment Details

☐ **Automatic Annual Renewal\***

*\*Automatic Annual Renewal Consent: By enrolling in automatic annual renewal and signing below, I authorize CMA to charge my credit card annually for membership dues at the published rate unless I instruct otherwise. Membership dues rates are subject to change.*

☐ **Membership Dues One-Time Payment**

☐ Check ☐ Credit Card

*Make checks payable to Catholic Medical Association.*

Credit Card Number:

Credit Card Type: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Billing Address (if different from address below)

Expiration Date:

CVV:

Signature (for auto renewals and all payments):

Today's Date:

### This Gift Membership is for:

Name and Degree(s):	Primary Specialty:
Preferred Address:	Diocese:
City, State and Zip:	Local CMA Guild:
Email:	Medical School Attending/Attended:
Mobile Telephone:	Year of Graduation:
Send me the Catholic Physician Search Registration Form: <input type="checkbox"/> Yes	How did you hear about CMA?