



CATHOLIC MEDICAL ASSOCIATION

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

2026 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 2026	AMOUNT (\$)
Physicians		
Active	\$ 474	
Second Year in Practice	334	
First Year in Practice	222	
Uniformed Service (Active Duty Only)	222	
Semi-Retired (less than 20 hours per week)	195	
Retired (0 hours per week)	111	
Clergy or Religious who are Physicians	85	
Residents/Fellows	57	
Students		28
<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, i.e., DMD, DDS, CRNA, PA, NP, CNM	252	
Nurse and Allied Health	166	
Health Care Professional	166	
Friends and Supporters	166	
Retired (0 hours per week)	111	
Clergy and Religious	57	
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/Eparchy:

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: Yes

How did you hear about CMA?