



CATHOLIC MEDICAL ASSOCIATION

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

2026 Group 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.

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	2026 Membership Rate	5-9 Group Members (15% Discount)	10-15 Group Members (20% Discount)	16+ Group Members (25% Discount)
Physicians				
Active	\$ 474	\$ 403	\$ 379	\$ 356
Second Year in Practice	334	284	267	251
First Year in Practice	222	189	178	167
Uniformed Service (Active Duty Only)	222	189	178	167
Semi-Retired (less than 20 hours/week)	195	166	156	146
Retired (0 hours per week)	111	94	89	83
Residents or Fellows	57	48	46	43
Clergy/Religious who are Physicians	85	72	68	64
Students	28	24	22	21
<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*	252	214	202	189
Nurse and Allied Health	166	141	133	125
Health Care Professional	166	141	133	125
Friends and Supporters	166	141	133	125
Retired (0 hours per week)	111	94	89	83
Clergy and Religious	57	48	46	43
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: _____