CATHOLIC MEDICAL ASSOCIATION

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

2026 New Member Application Form

Catholic Medical Association follows a rolling membership renewal system.
Your membership renewal date will be one year from the date your 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.

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	
☐ 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	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	

DONATIONS FOR CMA STEWARDSHIP FUNDS		AMOUNT ($)
Most Urgent Priorities		
Holy Alliance		
Medical Missions		
Medical Student and Resident Education		
Novus Medicus Initiatives		
	TOTAL ENCLOSED/CHARGED:	

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 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:

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?

A subscription to The Linacre Quarterly is included with membership. To opt out of receiving a print copy but retain online access, check ☐