



Baltimore Guild - Catholic Medical Association
Membership Registration Form 2017

Name _____ MD DO DDS OTHER _____

Address _____

Office Home

City _____ State _____ Zip code _____

Phone _____ Fax _____ E-mail _____

Cell / Pager _____ Parish _____

Hospital / Organization Affiliation: _____

DUES (Tax Deductible)

Practicing Physician / Dentist \$ 60 Retired Physician / Dentist \$ 25

(Be Aware: CME credit is available for Qualifying Educational Guild Programs)

Residents / Interns \$ 25 Medical / Other Health Profession Students \$ 0

Nurses / Other Health Professionals \$ 25 Non-Health Profession Member \$ 25

Clergy / Consecrated Religious \$ 0

Additional Donations to assist Medical Students attend special events: \$ _____

Additional Donations to help with speaker expenses, meeting site fees, etc. \$ _____

Please Check: I Am I Am NOT Registered at the National level with the CMA.
(Catholic Medical Association)

www.cathmed.org

Please make check payable to:

BG-CMA
P.O.Box #: 19041
Towson, MD 21284