



**Baltimore Guild – Catholic Medical Association (BG-CMA)**  
**Membership Registration & Renewal Form**  
**2024**

Name \_\_\_\_\_  MD  DO  DDS  OTHER \_\_\_\_\_

Address \_\_\_\_\_

Office  Home

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Cell / Pager \_\_\_\_\_ Parish \_\_\_\_\_

Specialty: \_\_\_\_\_

Hospital/Organizational Affiliation: \_\_\_\_\_

**DUES**

- |   |       |   |       |
|---|-------|---|-------|
| <input type="checkbox"/> Practicing Physician / Dentist | \$ 60 | <input type="checkbox"/> Retired Physician / Dentist                          | \$ 25 |
| <input type="checkbox"/> Residents / Fellows            | \$ 25 | <input type="checkbox"/> Non-Health Profession Member                         | \$ 25 |
| <input type="checkbox"/> RN / NP / PA / PharmD / Other  | \$ 25 | <input type="checkbox"/> Medical / Other Full-time Health Profession Students | \$ 0  |
| <input type="checkbox"/> Clergy / Consecrated Religious | \$ 0  |   |       |

General Donation (helps defray speaker expenses, activity costs, Medical Student activities, etc.): \$ \_\_\_\_\_

Please Check:  I Am  I Am NOT Registered at the National level with the CMA.  
(Catholic Medical Association)  
[www.cathmed.org](http://www.cathmed.org)

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Please make check payable to: **BG- CMA**  
**P. O. Box # 404**  
**Simpsonville, MD 21150**  
[www.bg-cma.org](http://www.bg-cma.org)

*Note: BG-CMA is a 501(c) (3) tax-exempt organization. Contributions are deductible to the extent permitted by law.*