



Baltimore Guild – Catholic Medical Association (BG-CMA)
Membership Registration & Renewal Form
2025

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 | \$ 75 | <input type="checkbox"/> Retired Physician / Dentist | \$ 30 |
| <input type="checkbox"/> Residents / Fellows | \$ 30 | <input type="checkbox"/> Non-Health Profession Member | \$ 30 |
| <input type="checkbox"/> RN / NP / PA / PharmD / Other | \$ 30 | <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

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

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