

Baltimore Guild – Catholic Medical Association (BG-CMA)
Membership Registration & Renewal Form
2027

Name_____ ☐ **MD** ☐ **DO** ☐ **DDS** ☐ **OTHER** _____

Address _____

☐ **Office** ☐ **Home**

City_____ **State**_____ **Zip code**_____

Phone_____ **Fax**_____ **E-mail** _____

Cell / Pager_____ **Parish** _____

Specialty: _____

Hospital/Organizational Affiliation:_____

DUES

☐ **Practicing Physician / Dentist**	**$ 75**	☐ **Retired Physician / Dentist**	**$ 30**
☐ **Residents / Fellows**	**$ 30**	☐ **Non-Health Profession Member**	**$ 30**
☐ **RN / NP / PA / PharmD / Other**	**$ 30**	☐ **Medical / Other Full-time Health Profession Students**	**$ 0**
☐ **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.