

CATHOLIC MEDICAL ASSOCIATION OF THE DIOCESE OF BUFFALO
PO BOX 1237, WILLIAMSVILLE, NY 14231

MEMBERSHIP APPLICATION FORM
2020

*I wish to renew / apply for membership in the Catholic
Medical Association of the Diocese of Buffalo as . . .*

- Regular Member - \$ 75 local dues**
- Senior/Retired - \$45 local dues**
- Physician in first three years of practice - \$35 local dues**
- Resident/Fellow - \$20 local dues**
- Medical Student - no local dues**
- Voluntary Contribution (\$_____)**
- I wish to be on the mailing list only**

NAME _____

SPECIALTY _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____



Make your reservation on line for the White Mass

Saturday, Feb 8th @ 4:30pm. \$55/person, \$25/residents

Name(s) _____

Home Address _____

Please reserve _____ places Check enclosed for \$_____

Mail reservation and payment to CMA of Buffalo, PO Box 1237, Wmsv. NY 14231
or Register on line at www.cmabuffalo.org with the Eventbrite link