



CATHOLIC MEDICAL ASSOCIATION OF BUFFALO

Membership Application Form

Membership Categories	Dues	Select
Regular Member	\$60 local dues	<input type="checkbox"/>
Senior/Retired	\$40 local dues	<input type="checkbox"/>
Physician in first 3 years of practice	\$30 local dues	<input type="checkbox"/>
Resident/Fellow	\$15 local dues	<input type="checkbox"/>
Associate Members: Nurses, Allied Health Professionals, Clergy, Religious, Seminarians, and anyone interested in integrating Catholic principles in health care.	\$10 local dues	<input type="checkbox"/>
National CMA Member	\$0 – If you are a member of the National Catholic Medical Association, there are no local dues.	<input type="checkbox"/>

Member Information

Name: _____

Specialty or Occupation: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

Email Address: _____

Please enclose a check payable to CMA of Buffalo along with this application form to:

**Catholic Medical Association of Buffalo
P.O. Box 1237
Williamsville, NY 14231**