



MEMBERSHIP APPLICATION



First Name MI Last Name Degree

Home Address Apt.

City State ZIP

Home Phone Cell Phone

Permanent Email Address **Required**

Birth Date Male/Female

OUR MISSION

Christian Medical & Dental Associations motivates, educates and equips Christian healthcare professionals to glorify God by:

- serving with professional excellence as witnesses of Christ’s love and compassion to all peoples, and;
- advancing biblical principles of healthcare within the Church and to our culture.

STATEMENT OF FAITH

While each of us holds fast to additional beliefs important to our relationship with God, the following statement outlines the tenets that provide a foundation for our fellowship and participation in the Christian Medical & Dental Associations.

I believe:

- In the divine inspiration and final authority of the Bible as the Word of God;
- In the eternal God revealed in Holy Scripture as Father, Son and Holy Spirit;
- In the unique Deity of Jesus Christ, God’s only Son, whose death and resurrection provide by grace through faith the only means of my salvation;
- In the transforming presence and power of the Holy Spirit.

REQUIRED Signature _____

Additional information on back

MEMBERSHIP CATEGORIES AND DUES

Please check all that apply.

Graduate Doctors

(MD, DDS, DMD, DO, DPM, OD)

- With a practice
- Without a practice
- Academic

Dues: \$387 (\$290 with discount)

- Uniformed Service
- Graduate doctor - first year in practice

Dues: \$195 (\$146 with discount)

Special Graduate Professionals, Associates and Others

- Missionary
- Associate Health Professional (PA, NP, PT, RN)
- PhD
- Non-healthcare organization

Dues: \$112 (\$84 with discount)

- Missionary electronic-only (email content instead of print magazine, CD or other physical materials)

Dues: Underwritten

Retired

Partially retired (working 1-20 hours weekly) OR

Fully retired (working 0 hours weekly)

- Graduate - **\$195 OR \$92 (\$146 or \$69 with discount)**
- Uniformed Service - **\$92 OR \$64 (\$69 or \$48 with discount)**
- Missionary - **\$64 (\$48 with discount)**
- Associate Health Professionals - **\$92 OR \$64 (\$69 or \$48 with discount)**

Non-Healthcare

- Non-healthcare professional - **\$64 (\$48 with discount)**

Lifetime Membership. You can save money and never receive a dues notice again. For lifetime rates, visit www.joincmda.org, email join@cmda.org or call 888-230-2637.

Dues Grace. If you are unable to pay your dues in full, you may choose a full dues waiver or make a one-time payment for whatever portion of this year's dues you can afford. We will consider your dues paid in full for the year.

RESIDENT AND FELLOW MEMBERSHIP

We understand that residency and fellowship are extremely busy times of your healthcare training, and we want to help you stay connected to CMDA throughout these phases of your life.

To do that, we offer two membership options for both residents and fellows.

Please select appropriate category:

- Resident
- Fellow

Please select your chosen membership package:

Annual Membership - **\$99**

Package Membership - **\$150**

(Package covers entire residency or fellow period, and other discounts apply. Visit www.joincmda.org for more details.)

Defer my billing for one year (only valid with a three-year or more residency program)

I will begin making payments immediately. Please

charge my card: Monthly Quarterly

Bi-annually Annually

Name of School / Program

City & State

Year in Program

Year of Completion

Program Length

Pending Degree

REFERRAL INFORMATION

Tell us the name of the CMDA colleague or staff member who referred you to receive a 25% discount.

First Name

Last Name

Degree

Address

Email Address

PAYMENT

Enclosed is my check for \$ _____

Please charge my: Visa Mastercard American Express Discover \$ _____

Card Number _____ Security Code _____ Exp. Date _____

Signature of Card Holder _____ Phone (_____) _____