# Gift Membership Application

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**Permanent Email Address Required**

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## 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
- Uniformed Service
- Graduate doctor - first year in practice

Residents, Special Graduate Professionals, Associates and Others
- Resident
  - 1st Year
  - 2nd Year
  - 3rd Year
- Fellow
- Missionary
- Associate Health Professional (PA, NP, PT, RN)
- PhD
- Non-healthcare organization

Retired
Partially retired (working 1-20 hours weekly) OR
Fully retired (working 0 hours weekly)
- Graduate
- Uniformed Service
- Missionary
- Associate Health Professional

Non-Healthcare
- Non-healthcare professional

Pre-Medical or Dental Student
Year in Program
- 1st Year
- 2nd Year
- 3rd Year
- 4th Year

Medical or Dental Student
Year in Program
- 1st Year
- 2nd Year
- 3rd Year
- 4th Year

Pending Degree ____________________________________________

Associate Health or PhD Student
Year in Program
- 1st Year
- 2nd Year
- 3rd Year
- 4th Year

Pending Degree ____________________________________________

STUDENT AND RESIDENT APPLICANTS

Name of School       City & State

Expected Year of Graduation / Completion Program Length Pending Degree

A GIFT FOR YOU FROM

First Name Last Name

Street Address City State ZIP Code

P.O. Box 7500 • Bristol, TN 37621 • 888-230-2637 • www.joincmda.org • memberservices@cmda.org