

# CATHOLIC MEDICAL ASSOCIATION OF THE DIOCESE OF BUFFALO

PO Box 1237, WILLIAMSVILLE, NY 14231

## MEMBERSHIP APPLICATION FORM 2022

*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 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Make your reservation for the April Conference "Grace Transforms Nature"

Wednesday, April 30th 4pm      \$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, Wmsvl. NY 14231  
or register online at [www.cmabuffalo.org](http://www.cmabuffalo.org)

