

Gift Membership Application

Apply online at
www.cmda.org/join.



Christian Medical & Dental Associations®
Changing Hearts in Healthcare

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 educates, encourages and equips Christian healthcare professionals to glorify God. Christian healthcare professionals glorify God by following Christ, serving with excellence and compassion, caring for all people, and advancing Biblical principles of healthcare within the Church and throughout the world.

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, OT, RN, etc.)
- ☐ PhD
- ☐ Non-healthcare organization
- ☐ Healthcare administrator

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

