



CAMA

CAMA MEMBERSHIP DUES NOTICE FOR 2018



CAMA

(*Required Information)

| | |
|--|--|
| *MEMBER NAME & TITLE: | |
| *MEMBER STREET ADDRESS: | |
| *MEMBER STREET ADDRESS: | |
| *MEMBER CITY/STATE/ZIP/COUNTRY: | |

| | | | | | | |
|--------------------|--|--------------------|------------|--|-----------|--|
| AME NUMBER: | | SENIOR AME? | YES | | NO | |
|--------------------|--|--------------------|------------|--|-----------|--|

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st of each year

Membership dues..... \$ 125.00 U.S. Dollars
 Sustaining Membership dues (optional)..... \$ 250.00 U.S. Dollars
 Membership dues for Retired Members..... \$ 35.00 U.S. Dollars
 Membership dues for Students.....\$ 35.00 U.S. Dollars
 Life Membership.....\$1250.00 U.S. Dollars

Payment Options: CAMA Accepts checks, MasterCard and VISA only.

| | | | | | | | |
|-----------------------|----------|-------------------|--|-------------|--|-------------------------|--|
| CHECK ENCLOSED | # | MASTERCARD | | VISA | | American Express | |
|-----------------------|----------|-------------------|--|-------------|--|-------------------------|--|

| | |
|--|--|
| CREDIT CARD NUMBER: | |
| EXPIRATION DATE: | |
| CVV/CVC SECURITY CODE: | |
| BILLING ADDRESS ZIP CODE: | |
| TOTAL AMOUNT/AUTHORIZED CHARGE \$ | |

| | |
|--------------------|--|
| PRINT NAME: | |
|--------------------|--|

Signature or authorization statement for charge: _____

| | |
|---------------------------------------|--|
| SPOUSE/SIGNIFICANT OTHER NAME: | |
|---------------------------------------|--|

Check if you are a member of:

| | | | | |
|---------------|------------|--|-----------|--|
| *PILOT | YES | | NO | |
| *AME | YES | | NO | |
| *AMA | YES | | NO | |
| *HIMS | YES | | NO | |

| | | | | |
|--------------|------------|--|-----------|--|
| *AOA | YES | | NO | |
| *EAA | YES | | NO | |
| *AAFP | YES | | NO | |
| *AsMA | YES | | NO | |

| | |
|------------------------|--|
| *SPECIALTY: | |
| *PHONE NUMBER: | |
| CELL NUMBER: | |
| *FAX NUMBER: | |
| *EMAIL ADDRESS: | |

Return form to: CAMA
P. O. Box 2382
Peachtree City, GA 30269
FAX: 770-487-0080
Telephone: 770-487-0100
email: civilavmed@aol.com

****(E-mail address is REQUIRED – all CAMA correspondence, registrations, notifications, and publications are sent via email. Please notify CAMA of any email address changes so you will not miss any important information! CAMA does not share your information with any other entity or organization.***