



CAMA CORPORATE MEMBERSHIP FOR 2020



Corporation/Business Name and Address:

Please complete and return with your payment.

**NOTE: Membership is from January 1st through December 31st.
Corporate Membership dues..... \$ 350.00 U.S. Dollars.
CAMA accepts MasterCard, VISA, American Express, and checks only.**

Payment Options:

Check Enclosed # _____ MasterCard _____ VISA _____ AMEX _____

Credit Card Number: _____

CVV/CVC Security Code: _____

Zip Code of Billing Address: _____

Expiration Date: _____ Authorized Amount \$ _____

Print Name on Card: _____

Signature: _____

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| Return form to: CAMA P. O. Box 823177 Dallas, TX 75382 FAX: 770-487-0080 Telephone: 770-487-0100 email: civilavmed@aol.com |
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PLEASE PRINT (* required information)

*Contact Person(s) Name: _____

*Specialty/Type of Business: _____

*Phone: # () _____

Cell # of Contact Person(s): () _____

Fax: # () _____

*E-Mail Address of Contact Person(s): _____

(E-mail address 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.