



## CAMA MEMBERSHIP DUES NOTICE FOR 2022



### (\*Required Information)

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

AME NUMBER:		SENIOR AME?	YES		NO	
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Permission to add name and address to the CAMA Web Site in the Members Only Section?	YES		NO	
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### Please complete and return with your payment.

**NOTE: Membership is from January 1<sup>st</sup> through December 31<sup>st</sup> of each year**

Membership dues..... \$ 150.00 U.S. Dollars  
Sustaining Membership dues (optional)..... \$ 300.00 U.S. Dollars  
Membership dues for Retired Members..... \$ 50.00 U.S. Dollars  
Membership dues for Students..... \$ 50.00 U.S. Dollars  
Life Membership..... \$1500.00 U.S. Dollars

**Payment Options: CAMA Accepts checks, MasterCard, VISA, or American Express.**

CHECK ENCLOSED	#		MASTERCARD		VISA		American Express	
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CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVV/CVC SECURITY CODE:	
BILLING ADDRESS ZIP CODE:	
TOTAL AMOUNT/AUTHORIZED CHARGE \$	

PRINT NAME:	
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Signature or authorization statement for charge: \_\_\_\_\_

SPOUSE/SIGNIFICANT OTHER NAME:	
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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	
*AOPA	YES		NO	
*FPA	YES		NO	
*AAFP	YES		NO	
*AsMA	YES		NO	

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

Return form to: CAMA  
P. O. Box 823177  
Dallas, TX 75382  
FAX: 770-487-0080  
Telephone: 770-487-0100  
email: [civilavmed@aol.com](mailto: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.*