



CAMA MEMBERSHIP DUES NOTICE FOR 2023



(*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 1st through December 31st 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	x
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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

****(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.***