



CAMA MEMBERSHIP DUES NOTICE FOR 2024



(*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..... \$ 250.00 U.S. Dollars
 Sustaining Membership dues (optional)..... \$ 500.00 U.S. Dollars
 Membership dues for Retired Members..... \$ 85.00 U.S. Dollars (Retired from medical practice AND no longer performing AME examinations for the FAA)
 Membership dues for Students.....\$ FREE
 Life Membership.....\$2500.00 U.S. Dollars

Payment Options: CAMA Accepts checks, MasterCard, VISA, Discover, 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	

*MEDICAL SPECIALTY:	
*CELL PHONE NUMBER:	
OTHER PHONE 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

NOTE: YOU MAY ALSO INITIATE OR RENEW YOUR CAMA MEMBERSHIP ON OUR WEBSITE AT WWW.CIVILAVMED.ORG ON THE "MEMBERS' LOUNGE" PAGE USING OUR SECURE PAY APPLICATION.