



CAMA CORPORATE MEMBERSHIP FOR 2024



Corporation/Business Name and Address:

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st.

Corporate Membership dues..... \$ 550.00 U.S. Dollars.

CAMA accepts MasterCard, VISA, Discover, American Express, and checks only.

NOTE: You may pay corporate dues online on the "Members Lounge" page of the CAMA web site at www.civilavmed.org using our secure payment application.

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: _____

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

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): _____