CAMA MEMBERSHIP DUES NOTICE FOR 2025

(*Required Information)

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

AME NUMBER:		**SENIOR AME?**	**YES**		**NO**	

Permission to add name and address to the CAMA Web Site in the Members Only Section?	**YES**		**NO**	

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

CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVV/CVC SECURITY CODE:	
BILLING ADDRESS ZIP CODE:	
TOTAL AMOUNT/AUTHORIZED CHARGE $	**$**

PRINT NAME:	

Signature or authorization statement for charge:_____

SPOUSE/SIGNIFICANT OTHER NAME:	

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.