



Columbus Medical Association

Physician Application

Please return to:
1390 Dublin Rd.
Columbus, OH 43215
p. 614.240.7410
f. 614.240.7415

Thank you for choosing to become a member of the Columbus Medical Association (CMA). By joining the CMA, you'll be joining over 2,400 of your central Ohio colleagues in a community of physicians.

PERSONAL INFORMATION:

First/Middle/Last Name	MD/DO	Email Address	
<i>(email will become your username for the CMA Loop – member online community)</i>			
Practice/Office Name		Practice Manager	
Office Address	City	State	Zip
Office Phone	Office Fax	Specialty	
Home Address (optional)	City	State	Zip
Preferred Mailing Location: <input type="checkbox"/> Office <input type="checkbox"/> Home			
Date of Birth			

Membership Category

- Select your membership category -

- Express Membership - \$199
(Best for physicians who have never been a CMA member)
- Supporting Membership *(Best for renewing members or physicians)* - \$249
- Corporate Membership
Please contact CMA directly for discounts
- Resident/Fellowship Trainee Membership - \$10

Payment Method

- Check Payment by phone (614) 240-7410 Credit Card Bill Me

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Total Amount to Charge: _____

Remittance: 1390 Dublin Rd. Columbus, OH 43215 p. 614.240.7410 f. 614.240.7415
Questions? Contact Lynn Manoogian at
LManoogian@ColumbusMedicalAssociation.org or call (614) 240-7410