



ST. THOMAS AQUINAS GUILD OF THE QUAD CITIES

A CHARTERED GUILD of the Catholic Medical Association



NEW MEMBER APPLICATION

Membership Categories

Annual Dues

Physician Members (M.D., D.O.):

___ \$100.00

Associate Members:

(D.D.S., D.M.D., D.C., D.P.M., C.R.N.A., P.A., N.P., C.N.M.
and all others holding doctoral degree)

___ \$50.00

Affiliate Members:

(Nurses and Allied Health Professionals,
Full Time Students, Friends and Supporters)

___ \$25.00

Payment Method: Check # _____

(Make check payable to: St. Thomas Aquinas Guild of the QC)

Please print clearly

Name: _____	E-mail: _____
Mailing Address: _____ _____	Degree: _____
City: _____	Specialty: _____
State: _____ Zip: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office	Parish: _____
() _____	Date: _____
	Signature: _____

**Bring your completed application and dues payment to Guild Meeting or mail to:
Dr. Mike Gimbel, 6595 James Road, Bettendorf, IA, 52722**