



Christus Medicus Foundation
"Good morality and economic justice is good business."
MEMBERSHIP ENROLLMENT FORM

I hereby apply for membership in Christus Medicus Foundation (CMF). I understand that my membership will become effective on the day this Enrollment Form is dated and signed. I also understand I will be entitled to CMF's benefits, that CMF benefits are subject to change according to availability and at the discretion of CMF and/or benefit providers, and that I may apply for CMF Membership benefits upon the completion of this Enrollment Form and payment of the initial dues to CMF.

Name: _____ Date of Birth _____/_____/_____
PRINT First Name Middle Initial Last Name Month/Day/Year

Address: _____

City: _____ State _____ Zip Code: _____ Telephone Number (____) _____

Members Signature X _____ Date: _____

Christus Medicus Foundation

"The Fight for Life: Creating a healthcare culture of life."

Benefits of Membership: All Members shall know that they are participating in a program having the following purposes:

- The education of the public with respect to the preservation and enhancement of an understanding and appreciation for the dignity of human life at all stages of existence and development.
- The dissemination of information resulting from any scientific, medical, social, legal or related studies or investigations, whether the same were underwritten by the Corporation or otherwise, to the general public; and the engaging-in of other educational activities, including lectures, seminars, panels and public discussion groups) in order to develop or improve awareness among the general public of the dignity and value of human life at all stages of existence and development.
- The sponsorship of Health Care that shall at all time be conducted in a manner that is consistent with the beliefs of the Magisterial teaching of the Roman Catholic Church and Ethical and Religious Directives of Catholic Healthcare Services, as approved by the US Catholic Conference of Bishops (USCCB).

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