

**DAVIS PARK MEDICAL ASSOCIATION, INC.**  
**MEMBERSHIP FORM – 2021**

Name(s): \_\_\_\_\_

Beach Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Tel #:: \_\_\_\_\_ Email Address: \_\_\_\_\_

#	Item	Amount
1.	D.P.M.A. Membership Dues 2021 (\$60/annum/house):	\$60.00
2.	Maintenance/Special Repairs	
3.	Miscellaneous Donation:	
4.	\$1,000 Donation ( <i>entitles donor to remembrance plaque</i> ):	
<b>TOTAL AMOUNT OF PAYMENT TO THE DPMA Inc.:</b>		

Donations to the Davis Park Medical Association are **tax-deductible**.

**2021 Payment Options:**

1. Mail Check to: **D.P.M.A., Inc.,  
PO Box 744  
Bayport NY 11705**
2. **Pay electronically** transferred through your bank using **Zelle**.  
Once you've enrolled in Zelle, simply transfer the funds to the Davis Park Medical Association using the following email: [DPMedicalPayments@gmail.com](mailto:DPMedicalPayments@gmail.com).  
Then complete this form and scan & email, or mail to the above address.
3. Just **drop it off** with the Post Mistress at the **Davis Park Post Office**  
(not in the mail box)