

DAVIS PARK MEDICAL ASSOCIATION, INC.
MEMBERSHIP FORM – 2024

Name(s): _____

Beach Address: _____

Mailing Address: _____

Tel #:: _____ Email Address: _____

- | | |
|---|-------|
| 1. D.P.M.A. Membership Dues 2024 (\$60/annum/house): | 60.00 |
| | ----- |
| 2. Miscellaneous Donation: | |
| | ----- |
| 3. \$1,000 Donation (entitles donor to remembrance plaque): | |
| | ===== |

TOTAL AMOUNT OF PAYMENT TO THE DPMA Inc.: _____

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

2024 Payment Options:

1. Mail Check to: D.P.M.A., Inc.,
553 Wandering Woods Way,
Ponte Vedra, FL 32081
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. Then complete this form and scan & email to same email or mail to above address.
3. Just drop it off with Linda Firpo at the Davis Park Library (P.O.)
(not in the mail box)