

**DAVIS PARK MEDICAL ASSOCIATION, INC.  
MEMBERSHIP FORM – 2025**

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

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

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

\_\_\_\_\_

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

- |   |         |
|---|---------|
| 1. D.P.M.A. Membership Dues 2025 (\$60/house):  | \$60.00 |
| 2. Miscellaneous Donation:                      | -----   |
| 3. \$1,000 Donation (entitles donor to plaque): | -----   |
|   | =====   |

|   |       |
|---|-------|
| TOTAL AMOUNT OF PAYMENT TO THE DPMA Inc.: | ===== |
|---|-------|

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

**2025 Payment Options:**

- 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, scan & email to same email or mail to address below.

- Mail Check and Membership form to:

DPMA, INC  
P. O. Box 744  
Bayport, NY 11705

- Drop off this form and check with Linda Firpo at the Davis Park Post Office/Library (not in the mailbox)