

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

Name(s): _____

Beach Address: _____

Mailing Address: _____

Tel: _____ Email Address: _____

1. DPMA Membership Dues 2025 (\$60/house): \$60.00

2. Miscellaneous Donation: _____

3. \$1,000 Donation (entitles donor to plaque): _____

TOTAL PAYMENT TO THE DPMA Inc.: _____

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

2025 Payment Options:

- Pay electronically through your bank using Zelle. Once you've enrolled in Zelle, simply transfer the funds to the Davis Park Medical Association using this email: **DPMedicalPayments@gmail.com**.
- Then complete this form, scan & email to DPMedicalPayments@gmail.com.

OR

- Mail check and membership form to:
DPMA, INC
P. O. Box 744
Bayport, NY 11705

OR

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