

**DAVIS PARK MEDICAL ASSOCIATION, INC.  
MEMBERSHIP FORM – 2026**

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

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

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

\_\_\_\_\_

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

- 1. DPMA Membership Dues 2026 (\$60/house or marina member): \$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. We thank you for your generosity**

**2026 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, and email to [DPMedicalPayments@gmail.com](mailto: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)