

**DAVIS PARK MEDICAL ASSOCIATION, INC.  
MEMBERSHIP CONTRIBUTION FORM**

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

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

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

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

- |   |                   |
|---|-------------------|
| 1. DP Medical Assoc. Membership Dues (\$60/annum):        | _____ 60.00 _____ |
| 2. Maintenance & Repair Donation:                         | _____             |
| 3. Miscellaneous Donation:                                | _____             |
| 4. \$1,000 Donation (entitles donor to a personal plate): | _____             |

→ TOTAL AMOUNT OF CHECK MADE PAYABLE TO *DPMA Inc.*: \_\_\_\_\_

*Dues and donations to the DP Medical Association are tax-deductible*

Mail to: DP Medical Association, P.O. Box 744, Bayport, NY 11705