

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. Miscellaneous Donation: _____

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

TOTAL AMOUNT OF CHECK MADE PAYABLE TO DPMA Inc.: _____

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

Mail to: **P.O. Box 744, Bayport, NY 11705**

OR

Just drop it off with the Post Mistress at the Davis Park Post Office
(not in the mail box)