SMYRNA SURFARI CLUB, INC.

Post Office Box 2362
New Smyrna Beach, Florida 32170

2025 MEMBERSHIP RENEWAL STATEMENT
FOR CURRENT MEMBERS

DATE: ________________

Individual: $50.00 ________ Family: $75.00 _______

Payment Method: Cash _______ Check: _______ Credit Card ______

********Please make check payable to Smyrna Surfari Club, Inc.********

PLEASE PRINT

Name (s): ____

____

Mailing Address: ____

____

Email Address (es): ____

____

Contact Number(s): ____

FOR CREDIT CARD PAYMENTS, USE THIS LINK OR OUR QR CODE:
https://square.link/u/zTaLVskk