

# Minnesota Naturists Membership Application

Member Number \_\_\_\_\_

Your application must be accompanied by a **copy of your drivers license** (which must be presented when you first attend an activity).

## How can we contact you?

### Mailing address:

|      |       |     |
|------|-------|-----|
|      |       |     |
|      |       |     |
| City | State | Zip |
|      |       |     |

- Send newsletters via postal mail.
- Send newsletters via email.
- Do not send newsletters. (available to members on mnnaturists.com)

### Phone(s) (we try to be discrete, but only list numbers it would be ok to call)

| Phone number | Kind (home, office, cell, etc) | Whose (if applicable) |
|--------------|--------------------------------|-----------------------|
|              |                                |                       |
|              |                                |                       |
|              |                                |                       |

### Email address:

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### MeetUp Site Name if you are using on MeetUp.

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**Minnesota Naturists conducts a review of public records** to help ensure that, as required by our bylaws, a member "subscribes to the purpose stated in these bylaws [and] whose interests are not adverse to the purposes of Minnesota Naturists and its membership..." As stated in our bylaws, "The purpose of this organization is to encourage acceptance of the human body and of nudity as its natural state; to expand the opportunities for people in our region to be nude, individually and socially; to increase public acceptance of nudity; and to advocate public policy that is more accepting of nudity."

Although Minnesota Naturists attempts to attract members whose behavior requires no apology, we cannot guarantee that any individual will not or has not acted inappropriately.

## I/we agree to this purpose and wish to join Minnesota Naturists

| Date:   |                   |                                      | Dues (1 year) |      |
|---|-------------------|--------------------------------------|---------------|------|
|   | Please print name | Signature (all applicants must sign) |               |      |
| 1st member  |                   |                                      | \$20.00       |      |
| 2nd member  |                   |                                      | \$5.00        |      |
| 3rd member  |                   |                                      | \$5.00        |      |
|   |                   |                                      | <b>Total:</b> |      |
| (optional) Check boxes to right if you wish to receive additional information about membership in "AANR" and/or "The Naturist Society": |                   |                                      | AANR:         | TNS: |

Please enclose check or money order (no cash in the mail, please) and send to:

Minnesota Naturists  
 PO Box 580882  
 Minneapolis, MN 55458-0882

| For office use only |  |
|---------------------|--|
| DB                  |  |
| Web                 |  |
| Letter              |  |

Print comments, including additional names, phone numbers, etc., on the reverse.