

Minnesota Naturists Membership Application

Name: _____ 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?

New Member Renewal

Mailing address:

Addr 1		
Addr 2		
City	State	Zip

- 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:

MeetUp Site Name if you are using on MeetUp.

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

Payment Type: Cash Check

Date:			Check #:	
	Please print name	Signature (all applicants must sign)	Dues (1 year)	
	1st member		\$20.00	
	2nd member		\$5.00	
			Total:	

(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

Office Use	Date

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