



# Sanibel Naturists Inc. Membership Application

→PLEASE PRINT←

Applicant Name: \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Name: \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

| <b>Our Member Directory Is Distributed Only To Our Members</b> |  |
|--|--|
| Do you want to be listed in the Members Only Directory         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want your city and state listed?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want your phone number listed?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want your e-mail address listed?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to receive Newsletter and Upcoming Event e-mails?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>Annual Membership Dues</b>  |  |
|--|--|
| Sanibel Naturist Annual Membership Dues:   | <input type="checkbox"/> Family \$50 <input type="checkbox"/> Single Person \$40 |
| Sanibel Young Naturist (Age 35 and Under):                                       | <input type="checkbox"/> \$35 (Family and/or Single Person)                      |
| Would you like to join the American Association for Nude Recreation (AANR/FANR)? | <input type="checkbox"/> Family \$73.50 <input type="checkbox"/> Single \$43     |
| Would you like to donate to the Sanibel Naturists, Inc. Legal Fund?              | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much?       |
| Would you like to donate to the Sanibel Naturists, Inc. Land Fund?               | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much?       |
| Donate to the Sanibel Naturists, Inc. Community Relations Fund?                  | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much?       |

Total Amount Enclosed: \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Make Check Payable (in U.S. funds) to: The Sanibel Naturists, Inc.**

Mail Application and Check to:

The Sanibel Naturists, Inc.  
P.O. Box 233  
Saint James City, FL 33956