SANIBEL NATURISTS, INC. MEMBERSHIP APPLICATION

Applicant Name: _____ **Sex** ___ **Birth Date:** _____

Co-Applicant Name: _____ **Sex** ___ **Birth Date:** _____

Address: _____ **State:** _____ **ZIP:** _____

Phone Number: _____ - _____ - _____ **E-Mail:** _____

Our Member Directory is distributed only to our members.

Enter X for choice

Do you want to be listed in the Members Only Directory?	____ YES	NO ____
Do you want your City and State listed?	____ YES	NO ____
Do you want your Phone Number listed?	____ YES	NO ____
Do you want your E-Mail Address listed?	____ YES	NO ____
Do you want to receive E-Mails: Newsletter and upcoming events?	____ YES	NO ____

Sanibel Naturist Membership Annual Dues: **Family** **$50.00** **Single** **$40.00** **Enter $ Amount** _____

Would you like to join the American Association for Nude Recreation (AANR/FANR?

AANR & FANR Annual Dues **Family** **$73.50** **Single** **$43.00** **Enter $ Amount** _____

Would you like to donate to the Sanibel Naturist, Inc. Legal Fund? **Enter $ Amount** _____

Would you like to donate to the Sanibel Naturist, Inc. Land Fund? **Enter $ Amount** _____

Donate to the Sanibel Naturist, Inc. Community Relations Fund? **Enter $ Amount** _____

TOTAL $ AMOUNT _____

ALL PAYMENTS SHOULD BE IN U.S. DOLLARS

Make Check Payable to: **The Sanibel Naturists, Inc.**

Mail Application and Check to: **The Sanibel Naturists, Inc.**
P.O. Box 233
Saint James City, FL
33956

Date: _____

_____
Signature

SUBMIT BY MAIL

Form Date: 18 May 2018