



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: _____

Our Member Directory Is Distributed Only To Our Members	
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

Annual Membership Dues	
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?

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