



MEMBERSHIP APPLICATION

For Office Use Only

Mbr Code _____ Mbr ID _____ Date of App. ____/____/____

Mbrshp Type: Regular Associate

Fees Rec'd.: Club _____ AANR _____ NW _____

Application _____

TOTAL: _____

I hereby apply for membership to The Willamettans Family Nudist Resort. A \$12 nonrefundable processing fee accompanies this application. I understand that all information will be kept confidential. *Please print.*

Name: _____
(Last) (First) (Middle) (Nickname)

Any Other Name(s) You Have Used: _____
(i.e.: Maiden Name)

Residence Address: _____
(Street) (City) (State) (Zip+4)

Mailing Address: _____
(Street) (City) (State) (Zip+4)

How long at current address? _____ Phone: (_____) _____ - _____ May we call? Y N Best time: _____
(Area code)

Will you receive postal mail? Y N Email Address: _____

Our full-color newsletter is published monthly on our website. For those without computer access, a black/white paper copy is available on request at the office.

Would you like to be listed in the club phone book? Y N (You will receive a phone book only if your information is listed.)

Birth Date: _____ Marital Status: Single Married Recognized Couple

Driver's License or ID#: _____ State: _____ Exp: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Relationship: _____ Phone: (_____) _____ - _____

Custodial Parent? Y N Please list names and birth dates of children residing with you on the back of this page.

Current member of which nudist organization? _____ Member # _____ Exp: _____

How did you learn about The Willamettans? _____

Have you ever been **convicted** of a felony? ____ If yes, explain: _____
(Use back of this page for additional space)

I understand that a background check will be made: _____ *(Initials of prospective member)*

- I acknowledge receipt of the Bylaws and Procedures Manual. I have read and am familiar with these documents and agree to abide by them. _____ *(Initials of prospective member).*
- I understand that serious violation of the Bylaws may be grounds for termination of my membership.
- I understand that my membership is probationary for one year, and becomes effective the first day of the month following approval by the Executive Board and ratification by the General Assembly.
- I waive all claims for personal injury or damage to my personal property while within Club boundaries.
- I agree to resolve any disputes with other members by negotiation and/or internal arbitration.
- I will not, through any act or speech of mine, jeopardize the happiness or security of any member of this organization.
- I will, at all times, conduct myself so as to bring no discredit to the organization or any of its members.

SIGNATURE: _____ Date: _____

For Board use only:

OJIN: Date Checked _____ Passed Failed

Comments _____

Web Sex Offenders: Date Checked _____ Passed

Comments _____

OJIN: Date Checked _____ Passed Failed

Comments _____

Web Sex Offenders: Date Checked _____ Passed

Comments _____

OJIN: Date Checked _____ Passed Failed

Comments _____

Web Sex Offenders: Date Checked _____ Passed

Comments _____

Probationary Membership Approved ___/___/___ Probationary Membership Denied ___/___/___

Membership to become effective and dues prorated as of ___/___/___.

Reg Assoc Membership Approved ___/___/___ Reg Assoc Membership Denied ___/___/___

Membership to become effective ___/___/___.

For the Board: _____
President

All fees and dues paid. Introduction letter sent and record files completed.

Certifying Officer