



# ORIENTATION REGISTRATION

**PLEASE PRINT, FILL OUT COMPLETELY AND RETURN TO OFFICE.**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Single     Married     Significant Other     Separated     Custodial Parent

Names and ages of minor children: \_\_\_\_\_

Photo ID Type and #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Vehicle and License Number: \_\_\_\_\_

Where did you hear about the Willamettans? \_\_\_\_\_

If you are an AANR member, please enter your membership card number and expiration date:

AANR # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other nudist affiliations *(Please specify)* \_\_\_\_\_

Nude recreation venues you currently enjoy. *(Please specify)* \_\_\_\_\_

In return for permission to enter upon, walk about the grounds or use the facilities of the Willamettans, the undersigned hereby release(s) the Willamettans, the Northwest Nudist Association (AANRNW) and the American Association of Nude Recreation (AANR) from all causes of action I now have or may have at anytime in the future due to injuries sustained on the grounds of the Willamettans as the result of exposure to nudism

May we contact you in the future? *(Please initial)* Yes \_\_\_\_\_ No \_\_\_\_\_

How would you prefer we contact you? *(Please specify)* \_\_\_\_\_

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

***For Committee Use:***

Membership Committee Member: \_\_\_\_\_

Membership Committee Member: \_\_\_\_\_

*Please attach comment sheet after orientation.*