

HIDDEN SPRINGS NUDIST CLUB
MEMBERSHIP APPLICATION
PO Box 17600 Portland, OR 97217-0600

Date: _____

Man's Name: _____ Marital Status: _____

Man's D.O.B.: _____ Occupation: _____ Email: _____

Woman's Name: _____ Marital Status: _____

Woman's D.O.B.: _____ Occupation: _____ Email: _____

Mailing Address: _____ City, State: _____ Zip: _____

Phone: _____ Do You Wish to be on Club Members-Only Phone List? (only those on list get a copy) _____

Non-published Club E-News List with PDF format newsletters? _____ Non-published Regional E-News List? _____

Names and Ages of Minor Children: _____

How did you learn of Nudism?: _____

How did you learn of this club?: _____

Are You AANR Member(s)? _____ AANR #: _____ Expiration Date: _____

Have you visited other clubs? _____ Which Ones?: _____

Hidden Springs Members or Local AANR Members Who May be Used as References?: _____

(Continue any answers on other side)

NUDIST PRINCIPLES:

"We believe in the essential wholesomeness of the human body and that life is enhanced by the naturalness of social nudity. From exercise to relaxation, physical health and mental well being are enriched through social nude recreation. We have the right to practice social nudity in appropriate settings, provided that we do not infringe upon the rights of others."

I have read the principles and standards of the association as printed above and accept them for myself and, as far as possible, on behalf of my immediate family and household, both as to theory and practice.

I hereby make application be accepted as a member of HIDDEN SPRINGS NUDIST CLUB and agree, if accepted, to pay my dues annually or as otherwise required, to abide by the principles and standards to be a worthy member of the organization and to do nothing which will in any way bring the organization into disrepute. I agree also that should the elected board deem it for the best interests of the organization that my membership be canceled for cause, I shall abide by their decision, but with the provision that in the event of such cancellation any club dues paid for the current year shall be returned to me on a pro-rated basis. In order to furnish information upon with this application may be adjudged, I have filled in the information requested and personally vouch for the truth of my answers.

In the event of any losses sustained by me or by members of my family either at an activity of the organization or as a result of my membership, therein, I agree to hold harmless and wholly non-labile the organization and all officers thereof:

SIGNED: Husband or Single Man: _____

SIGNED: Wife or Single Woman: _____

All information on this application is confidential and will not be divulged to anyone, except for club usage. Names and addresses are released to the American Association for Nude Recreation for mailing of membership cards and their monthly publication. All mailings are done in a discrete manner.

Dues may be enclosed along with the application or paid at the time of acceptance into membership. In case of non-acceptance or withdrawal of application, all monies shall be refunded. Acceptance into membership shall be at a club meeting or after a vote by the elected board.

CLUB USE ONLY: _____