

Application for Membership
AMERICAN ASSOCIATION FOR NUDE RECREATION
and
Bexar Recreation Society

Date: _____

Name: _____

Name: _____

Street or POB: _____

City: _____ ST: ___ Zip Code: _____ Phone: _____

Occupation: _____ Education: ___ yrs. Date of Birth: _____

Occupation: _____ Education: ___ yrs. Date of Birth: _____

Hobbies: _____

Hobbies: _____

No. of Children: ___ Names and ages: _____

How did you learn of nudism? _____

How did you learn of this club? _____

Have you attended other clubs? Name(s) and location(s): _____

NUDIST PRINCIPLES

WE believe in the essential wholesomeness of all human bodies. We believe in the naturalness of social nudism. We consider that exposure of the entire human body to light and air is beneficial to physical and mental health. We believe that recreation--from exercise to relaxation and socialization--is enhanced by the nudist experience. We believe that we have the right to practice social nudism in appropriate settings, provided that we do not infringe on 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 to be accepted as a member of the American Association for Nude Recreation and Bexar Recreation Society 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 Executive Committee deem it for the best interest 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 dues paid for the current year shall be returned to me on a pro-rated basis. In order to furnish information upon which 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 on the property of the organization or as a result of my membership therein, I agree to hold harmless and wholly non-liable the organization (or proprietors) and the officers thereof:

Signed (person named first above): _____

Signed (person named second above): _____