



Hill Country Nudists

P.O. Box 91802, Austin, TX 78709

MEMBERSHIP APPLICATION



Applying as: SINGLE COUPLE Date: _____

Man's Name: _____
Last Name First Name Middle Name or Initial

Woman's Name: _____
Last Name First Name Middle Name of Initial

Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____

Man's Information:

Occupation: _____ Education: _____

Date of Birth: _____ Email Address: _____

Cell Phone #: _____ Hobbies & Interests: _____

Woman's Information:

Occupation: _____ Education: _____

Date of Birth: _____ Email Address: _____

Cell Phone #: _____ Hobbies & Interests: _____

If applying as a family, please include the following information, otherwise leave blank:

Number of Children: _____ Names & Ages: _____ Will your children be participating? _____

If you are already a member of a National Nudist Association, please check all that apply:

AANR Mem # _____ TNS Mem # _____ Other _____

Expiration date: _____ Expiration date: _____ Expiration date: _____

How did you learn of Social Nudism & Hill Country Nudists?

Use the reverse side of this application sheet to continue any of the above information and to describe any previous socially nude experiences (e.g., beaches, other clubs, events) about which you might wish us to know.

Have you attended other nudist clubs? _____ If yes which ones? _____

Continued on next page

