Montana Naturist Organization
Membership Application

Date_____

Woman's Name:_____ Man's Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone #:_____ FAX_____ E-mail: _____
Man's Occupation: _____Education: _____yrs. Date of birth: _____
Woman's Occupation: _____Education: _____yrs. Date of birth: _____ ***Required***
Hobbies: _____ ***Required***
No. of Children: _____ Names and Ages: _____
_____
How did you learn of nudism? _____
How did you learn of this club? _____
_____
Have you attended other clubs? _____ Which ones? _____
_____

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, 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.
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 thereby make application to be accepted as a member of the

÷ Options	÷ Single	÷ Dual (same address)	Amount
____ Montana Naturist Organization	$25 ____	$25 ____	$_____(Required)
____ American Association For Nude Recreation	$42 ____	$76.50 ____	$_____(Optional)
____ Naturist Society (through MNO)	$60 ____	$60 ____	$_____(Optional)
		Total	$_____

By signing below I affirm that I am 18 years of age or older. 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: Husband or First person _____

Signed: Wife or second person _____

It is MNO policy to use first and last names in our newsletter. Please notify an MNO board member if you object to having your last name used.

Please make check payable to MNO, and submit along with the application to MNO, PO Box 214 ,Thompson Falls, MT 59873

Revised March 21, 2014