



**VISITOR APPLICATION**

*Affiliated with American Association for Nude Recreation*

This form must be completed by all visitors. Avatan is a campground membership co-op

Date \_\_\_\_\_ Married \_\_\_\_\_ Couple \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Applicant #1**

Print Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Age: 18-35 \_\_\_\_\_ 36-50 \_\_\_\_\_ 51-65 \_\_\_\_\_ 66-80 \_\_\_\_\_ 80+ \_\_\_\_\_

Mailing address (if different than above):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Applicant #2 - if applies**

Print Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Age: 18-35 \_\_\_\_\_ 36-50 \_\_\_\_\_ 51-65 \_\_\_\_\_ 66-80 \_\_\_\_\_ 80+ \_\_\_\_\_

Mailing address (if different than above):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Will your children, under age 18 participate here at Avatan? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Number of children \_\_\_\_\_ Ages \_\_\_\_\_

Will your grand-children, under age 18 participate here at Avatan? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Number of grand-children \_\_\_\_\_ Ages \_\_\_\_\_

How did you learn of Avatan? \_\_\_\_\_

Current OR former AANR member? AANR number \_\_\_\_\_ Expires (date) \_\_\_\_\_

Current OR former member of another nudist club? If yes, which one/s \_\_\_\_\_

**By your signature below, you hereby authorize a background check if deemed necessary. If a couple, both must sign.**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Use: Date form received: \_\_\_\_\_

\*Please attach photocopy of visitor(s) Drivers License(s)/AANR ID Cards

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