



AVATAN VISITOR APPLICATION

Affiliated with American Association for Nude Recreation
This form to 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: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Age: 18-35 _____ 36-50 _____ 51-65 _____ 66-80 _____ 80+ _____

Mailing Address (if different from above):

_____ City: _____ State: _____ Zip: _____

Applicant #2:

Print Name: _____ M _____ F _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Age: 18-35 _____ 36-50 _____ 51-65 _____ 66-80 _____ 80+ _____

Mailing Address (if different from above):

_____ City: _____ State: _____ Zip: _____

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? ___ Yes No ___ AANR Number _____ Expire Date _____

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

Visitor Vehicle License # & State _____

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

Signature: _____ Signature: _____

Date Form received: _____

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