

**AVATAN APPLICATION FOR MEMBERSHIP**

I/we wish to apply for:

\_\_\_\_\_ THE SUN PASS (a one-time, introductory pre-paid grounds fee offer for 60 calendar days for couples who are new to nude recreation and/or want to "try out" more frequent visits to Avatan).

Desired Dates: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Avatan's camping season (when pools are open): May 16-Sept 15, weather permitting.

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I/we wish to apply for:

\_\_\_\_\_ AVATAN'S ASSOCIATE MEMBERSHIP

New \_\_\_\_\_ Renewal \_\_\_\_\_

[ It is recommended that new applicants visit 3 or 4 times and meet Avatan Board Members ]

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I/we wish to apply for AVATAN'S REGULAR MEMBERSHIP [ Must have been an Associate Member for one year ]

New \_\_\_\_\_ Renewal \_\_\_\_\_

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**Applicant #1 PRINT FULL NAME** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

Email: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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**Applicant # 2 PRINT FULL NAME** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

Email: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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Current Sun Pass Holder? [ ] Yes [ ] No

Current AVATAN MEMBER. [ ] Yes [ ] No Associate [ ] Regular [ ]

Year & Month of Joining AVATAN yyyy \_\_\_\_\_ MM \_\_\_\_\_

Past Avatan member(s) [ ] Yes ( If yes what year/s) \_\_\_\_\_ to \_\_\_\_\_ [ ] No

Did you have an annual lease for an Avatan lot? [ ] YES, If yes Lot # \_\_\_\_\_ [ ] No

AANR Member? Yes [ ] No [ ]

AANR NUMBER \_\_\_\_\_ Expires \_\_\_\_\_