



MEMBER/VISITOR APPLICATION

Choose one: First Visit
 Membership
 Information Update

APPLICANT INFORMATION

Name:
 Address:
 City: Province: Postal Code:
 Phone: Day Phone: Cell:
 Vehicle Make: Year: Licence Plate:
 Email:
 How did you hear about us?

NATURIST ORGANIZATION MEMBERSHIP

Member of: FCN AANR TNS
 OTHER: _____
 Membership number:
 If not a member, would you like to join?

EMERGENCY CONTACT

Name:
 Address: Phone:
 Phone: Relationship:

PARTNER/SPOUSE INFORMATION

Name:
 Vehicle Make: Year: Licence Plate:

CHILDREN

Name/Age	Name/Age
Name/Age	Name/Age

SIGNATURE

I have read all of the Bare Oaks Family Naturist Park's Member and Visitor Agreement, as well as all of the Anti-Harassment Policy, and agree to be bound by their terms. I further agree to be responsible for my family members and guests adherence to all Bare Oaks rules and regulations. I confirm that the information I provided in this document is true and complete.

Signature of applicant: Date:
 Signature of spouse/partner: Date:

OFFICE USE ONLY	CGM ID#	MEMBER#	PAYMENT
ID			