



MEMBERSHIP APPLICATION
(Please Print)

DATE: _____

Name _____

Co-applicant _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

E-Mail Address _____

*I am a seasonal resident.

From date _____ thru date _____

I receive mail at:
Address _____

City _____ State _____ Zip _____

FKN Membership:

- Single Member (1 Year) \$25.00 \$ _____
- Couple (1 Year) \$25.00 \$ _____
- Supplemental Donation: \$ _____
- AANR Couple (1 Year) \$91.50 \$ _____
- AANR Single (1 Year) \$57.00 \$ _____

TOTAL ENCLOSED: \$ _____

Please make check payable to:
Florida Keys Naturists (or) FKN

Mail Membership Applications to:

Florida Keys Naturists
Post Office Box 386
Big Pine Key, FL 33043

Referred by _____

FKN QUESTIONNAIRE

Optional: You are encouraged to answer the following to help your board members in tailoring activities to needs and capabilities of the membership.

1. Please list any other naturists associations, clubs or groups you belong to:

2. I could volunteer to:
 - Host a social event (pool party, etc.)
 - Organizing a nude beach/nudist resort trip.
 - Help with the Newsletter.
 - Lead a special interest group/committee.
 - Serve as an elected board member.
 - Other (specialties/skills/etc.) please list: _____
3. Both applicant and co-applicant (if applicable) are naturists? yes no
4. Ages of children who participate in naturist activities with you:

5. Occupation:
Applicant: _____

Co-applicant: _____

We do NOT share or sell our membership list. Information you provide will always be kept private.