



# Confidential Visitor Application Form

Lake Bronson Family Nudist Club  
PO Box 1135  
Sultan, WA 98294

Affiliated with the American Association for Nude Recreation (AANR)

This form must be completed by all visitors

Date \_\_\_\_\_

Married \_\_\_\_\_ Committed Couple \_\_\_\_\_ Single \_\_\_\_\_

Name _____	Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____
Occupation _____	Occupation _____
Emergency Contact (optional)	
Name _____	Name _____
Phone _____ Relationship _____	Phone _____ Relationship _____

If you have children, will they participate here at Lake Bronson? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn of Lake Bronson? \_\_\_\_\_

Current AANR or TNS member or Active Military? \_\_\_\_\_ AANR/TNS Number \_\_\_\_\_ Expires \_\_\_\_\_

Are you currently a practicing nudist? Privately \_\_\_\_\_ Social \_\_\_\_\_ Organized Group \_\_\_\_\_

Have you ever visited a nudist club? \_\_\_\_\_ If so, what club(s)? \_\_\_\_\_

Would you be interested in receiving email notifications for upcoming events or special events? \_\_\_\_\_

I give Lake Bronson Associates, Inc. permission to conduct a criminal background check by any means and services available, including a sex offender registry investigation. If a couple, both must sign.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Initial you received \_\_\_\_\_ Initial you did background check \_\_\_\_\_

Office: Please attach a photocopy of visitor(s); Driver's License(s)/AANR ID Card(s)