

## **Tiger Mountain Family Nudist Park**

A Trade Name of Fraternity Snoqualmie, Inc. PO Box 748 Issaquah WA 98027 425-392-NUDE (6833)

## **2020 New Member Application**

## This completed form must accompany all documents submitted for approval.

Complete the membership application carefully and completely, providing full details. One application per individual over the age of 18. Minor children are included with parent's approved membership. Print clearly and disclose accurate information. Any missing information may delay processing.

The information contained in this application will be reviewed by the Membership Committee, the Executive Board and the Certifying Officer. No information will be released to other persons without the express permission of the applicant.

Please return this completed application to the Welcome Center with your application and membership fee. You must present this form in person with a valid government issued photo ID card. Forms and documents may not be mailed.

Membership includes emailed newsletter and members only access to website. Valid email address required for newsletter and access to members only area.

Initial	I understand that Tiger Mountain Family Nudist Park is a family oriented nudist organization. The sight of nude humans does not			OFFICE USE	
	•	-	l a clothing free lifestyle.	Received by	
	I have done so of my own choosing, not having been coerced or			Date	
	intimidated by any other person.			Watch Date	
	I agree to abide by Tiger Mountain Family Nudist Park's bylaws, rules &			Reference 1	
Initial	regulations as publi	Reference 2			
		3 Visit date			
	l authorize Tiger Mc	Recommended			
Initial	background check.	Category			
	Volunteers keep this	Process Date			
	where you can help	Card Sent			
	Painting	Plumbing	Park Beautification		
	Electrical	Event Help	 Trail Maintenance	Entered Date	
	Kitchen	Hospitality	Carpentry/building	Entered By	
	Pool care	Hot Tub care	Youth Activities		
	Other:				

## All Applications are processed through: Request for Criminal History Information and Child/Adult Abuse Information Act Washington State Patrol | RCW 43.43.830 to 43.43.845

Applicant Information:

Last	First		Date of Birth MM/DD/YYYY	
Driver License/ID #	Issuing Au	thority	Expires	
Cell Phone #	Alternate F	Phone #	Email Address	
Street			Apt/Unit #	
City	State/Prov	ince	Zip/Postal Code	
Emergency Contact Name	Phone #			
Occupation	Employer		Work Phone	
Status:SingleMarriedCo	ouple/Not Married	AANR Mem	ber? Y/N # if yes P	
Names and birthdates of children v	who will share your	nudist activities	. (attach page if needed)	
Name Birthdate MM/DD/Y	YYY	Name	Name Birthdate MM/DD/YYYY	
Have you been a member of Frater If yes, When? Hav		-	•	
How did you hear about us? Were	you referred by a fr	iend? If yes, who	o can we thank?	
Circle one: event flyer - radio ad - F		-		
Personal References - Names and p 1.	phone numbers of t	two personal ref 2	erences:	
Name Phone	9	Name	Phone	
Applicant Signature	Date			