

# Mountindale Sun Resort

(Restful Haven Health Club)

## Application for Membership

**This application must be answered completely.** You must make an appointment to be interviewed by the membership chairperson. Any information on this application found to be false would be grounds for your application to be rejected.  I/We will comply with the Mountindale Sun Resort (RHHC) Bylaws and Procedure Manual. I/We submit this application to be considered for membership by Restful Haven Health Club. I/We agree to pay all dues and assessments.

**Name(s)**

Last	First	Middle	Social Security #	Date of Birth

Address:	Street	City	State	Zip Code
<b>Residence</b>				
<b>Mailing (if different)</b>				

Length of time at current residence \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best way/time to contact you: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's license # \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Personal status  Single  Married  Divorced

Have you ever been convicted of a felony?  No  Yes For what? \_\_\_\_\_

I understand a background and/or credit check will be made. \_\_\_\_\_ (Initials)

Name & ages of children living with you: \_\_\_\_\_

How did you hear about us?  Web  Another club or AANR  Other \_\_\_\_\_

Do you know anyone that is a member?  No  Yes Who?/Relationship \_\_\_\_\_

List any nudist clubs or associations you have been a member of and dates \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This is a cooperative club. In order to keep our dues as low as possible, most work is done by our members. Please indicate the type of assistance you are able to give as you share:

Building/Maintenance	General Facilities	Organizational	Other
<input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Masonry <input type="checkbox"/> Hot Tub/Sauna <input type="checkbox"/> Other _____	<input type="checkbox"/> Lawn/Garden <input type="checkbox"/> Landscaping <input type="checkbox"/> First Aid <input type="checkbox"/> Food Service <input type="checkbox"/> Answer Phone <input type="checkbox"/> Greeting Visitors <input type="checkbox"/> Other _____	<input type="checkbox"/> Membership <input type="checkbox"/> Activities/Events <input type="checkbox"/> Public Relations <input type="checkbox"/> Newsletter <input type="checkbox"/> Telephone Crew <input type="checkbox"/> Computer <input type="checkbox"/> Marketing	<input type="checkbox"/> _____

