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Naturist Outreach Volunteer
Advocate Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Date Of Birth: _____ Drivers Lic. # _____

Group/Club Affiliation: _____

TNS Membership No: _____

Reference 1: _____

Reference 2: _____

What attracted you to naturism? _____

How many years have you been a naturist? _____

Where do you go nude most often? _____

How would you describe your public persona? _____

Special Qualifications/Skills: _____

Hobbies/Interests: _____

Are you willing to travel to venues at your own expense? _____

Why do you want to take on this responsibility? _____

***PLEASE NOTE: Personal information provided on this application will remain confidential to The Naturist Society and its appointed review board, except with permission.**