



IRISH NATURIST ASSOCIATION

PO Box 1077
Churchtown
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Ireland

www.irishnaturism.org

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MEMBERSHIP APPLICATION FORM

Please complete all sections of this form and enclose TWO PASSPORT SIZED PHOTOS of each adult

Please Tick: Family Couple Single

Full Name 1:	<input type="text"/>	Full Name 2:	<input type="text"/>
Address:	<input type="text"/>	E-Mail Address:	<input type="text"/>
	<input type="text"/>	Mobile phone no:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
Date of Birth 1:	<input type="text"/>	Date of Birth 2:	<input type="text"/>
SEX: Male: <input type="checkbox"/> Female: <input type="checkbox"/>		SEX: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	

Family members under 18 to be covered by membership (photographs not required)

Name	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I / We agree to be bound by the rules of the I.N.A. and enclose a cheque or postal order for the appropriate membership fee with 2 photos of each adult.

SIGNATURE 1: _____ **SIGNATURE 2:** _____

Date: _____

Fee paid: € ____ INF cards issued ____ Membership No: _____ 2013

Note: We will not share your phone number or e-mail address with anyone else or spam you with messages.