



# IRISH NATURIST ASSOCIATION

## MEMBERSHIP APPLICATION FORM

**PO Box 1077  
Churchtown  
Dublin 14  
Ireland**

[www.irishnaturism.org](http://www.irishnaturism.org)

**Phone: 086-83 70395**

**Fax: 086-583 70395**

**E-Mail: [info@irishnaturism.org](mailto:info@irishnaturism.org)**

**Please Tick:** Family  Couple  Single

**Full Name 1:**  **Full Name 2:**

**Email:**

**Mobile No.**

**Address:**

**Note:** All information on this form will be treated in strict confidence. We will not share your information with anyone else. By giving us your e-mail address you are giving your consent to receive our monthly newsletter and other notifications. Your mobile phone number will be used only in limited circumstances e.g. to advise you of a last minute cancellation of an event.

**Date of Birth 1:**

**Date of Birth 2:**

**Sex:** Male:  Female:

Male:  Female:

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

Name	Date of Birth

I/We agree to be bound by the rules of the INA and enclose a cheque  or postal order  for the appropriate membership fee, or paid through the INA website via PayPal  with 2 photos of each adult signed on the back.

Alternatively, the complete application form can be scanned and submitted electronically with digital photographs or selfies.

SIGNATURE 1: \_\_\_\_\_ SIGNATURE 2: \_\_\_\_\_

**Official Use:**



Fee paid: € \_\_\_\_\_ INF card(s) issued: \_\_\_\_\_ Membership No: \_\_\_\_\_ 2018