Membership Application
American Nudist Research Library®, Inc.
2950 Sun Cove Drive, Kissimmee, FL 34746-2773 407-933-2866

Date _____ Member Number (assigned by ANRL) _____

Name _____ _____ _____
Last MI First

Spouse _____ _____ _____
Last MI First

Address: _____

_____ _____ _____
City State Zip

Phone _____ Email _____

Tax Deductible Membership Contribution: $_____ + $_____ = $_____
Membership Contribution Total

Are you willing to volunteer (Y/N) ____ If Y, then list your Skills and volunteer preferences and whether you you are local to Cypress Cove or remote. Use additional pages if necessary.

Annual Membership $30/yr Sustaining (Toward Life) $125
Premium Membership $50/yr w/ access to some Digital Archives
Club Sponsorship: $0 Life membership; $500

Please make checks payable to **ANRL**
Pay with PayPal **banking@anrl.org**
Note on payment: "Membership Application"

https://anrl.org - anrl@anrl.org 407-933-2866

Note to Librarian:

[ ] Is today's date filled in?
[ ] Is email address and phone number up to date and correct and readable?
[ ] Is payment by check?
[ ] Is payment by PayPal?
[ ] Please put this application in Lynn Serrin's mailbox

Librarian Name: _____ Date: _____