

For office use  
Dues paid Y or N amount \_\_\_\_\_  
Cash or Check  
Received date \_\_\_\_\_  
Current Status: Pending / Member

**ROMANS**  
Rochester Male Naturists  
P.O. Box 92293  
Rochester, NY 14692

**APPLICATION FOR MEMBERSHIP**

Please read by-laws before applying for membership. These can be found at

[www.wnyromans.com](http://www.wnyromans.com)  
[wnyromans@yahoo.com](mailto:wnyromans@yahoo.com)

*Please Print*

1. Name(s) \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone with area code \_\_\_\_\_ Cell phone \_\_\_\_\_
5. Email address \_\_\_\_\_

The above information is *confidential* and is provided only to ROMANS members and used for club mailings and to contact members. If these change please contact an officer with changes.

Would you like to be listed on the Membership Roster using the information above? YES NO  
(For a description of the Membership Roster please see section 4 of the bylaws)

Why do you want to be a member of Rochester Male Naturists?

Where did you first hear about the club?

Would you be interested in hosting a meeting at your house?

\_\_\_\_\_

By my signature below I certify that I am at least 21 years of age and that I wish to join ROMANS. I further acknowledge that participation in activities of ROMANS is done entirely at my own risk, and I have read and agree to abide by the regulations and guidelines of the group as stated in the by-laws and directed while attending ROMANS sponsored events and activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by applicant to be valid.)

When filing this application please include \$15 for a single membership. Make check payable to ROMANS and send to the P.O. Box address at the top of the form.