

Restful Haven Health Club, Inc.
DBA Mountaindale Sun Resort
Application for Membership



This application must be answered completely. You must make an appointment to be interviewed by the membership chairperson. Any information on this application found to be false would be grounds for your application to be rejected. Membership email: membership@mountaindalesun.com

I agree to comply with the Mountaindale Sun Resort Bylaws and Procedure Manual. I submit this application to be considered for membership by Mountaindale Sun Resort. I agree to pay all dues and assessments.

Last Name		First Name		Middle	Date of Birth
Residence Address: Street/PO Box			City	State	Zip Code
Billing Address (if different): Street/PO Box			City	State	Zip Code
Length of time at current residence:		(years)	Home Phone:		Cell Phone:
Email Address:			Best way to contact you: ☐ Home Phone ☐ Cell Phone ☐ Email Best Time:		
Emergency Contact:		Relationship:		Phone:	
Driver's License #			Issue State:		
Occupation			Personal status: ☐ Single ☐ Married ☐ Divorced ☐ Partnership		
Have you ever been convicted of a felony? ☐ No ☐ Yes For what?			I understand a background and/or credit check will be made. (Initials) _____		
Name & ages of children living with you:					
How did you hear about us? ☐ Website ☐ AANR ☐ Another Member ☐ Other			If AANR Member, your AANR #		
Do you know anyone that is a member? ☐ Yes ☐ No Who?					
List any nudist clubs or associations you have been a member of and dates:					

References: Name:	Phone:	Relationship:

This is a cooperative club. In order to keep our dues as low as possible, most work is done by our members. Please indicate the type of assistance you are able to give.

Building/Maintenance	General Facilities	Organizational	Public Relations
☐ Architect/Engineer ☐ Carpentry ☐ Plumbing ☐ Electrical ☐ Masonry ☐ Hot Tub/Sauna ☐ Other	☐ Lawn/Garden/Landscaping ☐ First Aid ☐ Food Service ☐ Telephone Crew ☐ Other _____	☐ Membership ☐ Computer ☐ Activities & Events ☐ Answer Phones ☐ Greeting Visitors ☐ Other	☐ Public Relations ☐ Marketing ☐ Newsletter ☐ Social Media ☐ Website ☐ Other

If accepted, your name(s) will be included on the club's membership list. This list is only for club use as indicated in the Bylaws.

Please initial the following items indicating that you have read and agree to them:

- ___ I acknowledge receipt of the Bylaws & Procedure Manual of Mountaindale Sun Resort.
- ___ I have read and I am familiar with these documents, and I agree to abide by them.
- ___ I understand that violations of the Bylaws may be grounds for termination of my membership.
- ___ I understand that my membership is probationary for one year.
- ___ I agree to resolve any disputes with other members by negotiation and/or internal arbitration.
- ___ I will not, through any action or speech, jeopardize the happiness or security of any other members of this organization.
- ___ I will, at all times, conduct myself properly as not to discredit the organization or its members.
- ___ I understand that in the event of any losses sustained by me or members of my family either on the property of the club or as a result of my membership therein, I agree to hold harmless and wholly non-liaible the organization, proprietors and the officers.

The total amount of dues and assessments shall be paid when the application is submitted.

Fees: Initiation Fee: \$65.00 MSR/RHHC Club Dues: \$300.00 AANR Dues: \$51.00 Total: \$416.00	Amount Paid: ☐ Cash ☐ Check # VISA/MC #: _____ Expiration Date: _____ CVV Code: _____ Mailing Zip Code _____
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I have answered all questions truthfully and agree to abide by the Bylaws and Procedure Manual of Mountaindale Sun Resort (RHHC). I agree that the Executive Board has the right to cancel my membership for cause if they find it to be in the best interest of the club and I shall abide by their decision. I also agree to keep confidential names of the membership.

Signature

Date

For Office Use Only
AANR # _____
Interviewed by: _____
Membership Packet Date _____ by _____
Background Check: _____ Fees Paid: _____
Probationary Period from: _____ to _____
Membership Approved: _____
Comments: