



Complete This Form for New or Renewal Membership

Please **print** all information (except signature) legibly –
especially email address

ALL MEMBERSHIPS ARE INDIVIDUAL MEMBERSHIPS

Name: _____ Nickname: _____
(last) (first) (middle if desired) (if any / if you choose)

Address: _____

City: _____ State / Prov. / Country: _____ Zip/Postal: _____

Date of Birth: ____/____/____ (Required!)

Home Telephone: _____ Mobile: _____ Email(*): _____

I am a member of other Naturist Organizations (please list): _____

The **Member Directory** lists all IMEN members who **choose** to be listed. Directories are provided only to those members **listed**, in either hard-copy or electronic format, depending on your Membership category.

_____ LIST me in the Member Directory

_____ DO NOT list me in the Member Directory

* **EMAIL Addresses:** When an IMEN member provides an email address as part of his membership info, IMEN will send communications to his email address relating to **all** IMEN business matters as well as when each IMEN Quarterly Newsletter & Member Directory is posted to the IMEN website.

If you have an email address and join as a **mail communication member**, your newsletters and directories will be mailed as soon as possible after publication to the address on record.

Please note, you will continue to receive information notices – commonly known as e-blasts – via electronic communication to your email address.

MEMBERSHIP CATEGORY/DUES (check appropriate choice):

_____ \$30 w/Electronic communication

_____ \$40 w/ Mail communication

Payment:

_____ Check/MO Enclosed, Payable to: IMEN

_____ Please charge my Credit Card: Discover / Visa / Master Card (circle one)

Credit Card Number _____ Exp. Date: _____

3 digit security code on back of card # _____



Signature: _____

(Signature certifies that I am a male at least 21 years old)

**Mail to: IMEN, P.O Box 578, Rising Sun, MD 21911
www.imen4allmen.org**