

CONGA Membership Application

CONGA
P.O. BOX 16801
COLUMBUS, OH 43216

(Please Print Legibly)

Full Name:	Nickname:
Address:	Birth Date (mm/dd/yy):
City/State/Zip:	Home Email Address:
Home Phone:	Work Phone (optional):
Have you been a previous member of CONGA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year(s)?
Where did you hear about CONGA?	
Do (or Did) you belong to any other naturist organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which one(s)?
Please indicate hobbies/activities of special interest to you:	
<input type="checkbox"/> Pool Parties	<input type="checkbox"/> Gymnastics, Aerobics
<input type="checkbox"/> Camping	<input type="checkbox"/> Piercing, Shaving
<input type="checkbox"/> Hiking	<input type="checkbox"/> In-home Parties
<input type="checkbox"/> Movie Nights	<input type="checkbox"/> Potluck Dinners
<input type="checkbox"/> Yoga, Meditation	<input type="checkbox"/> Nude Dances
<input type="checkbox"/> Educational Meetings (living wills, men's health issues, travelogues, etc.)	<input type="checkbox"/> Games
<input type="checkbox"/> Clothed Events such as plays, movies, dinners, perhaps followed by nude meeting	<input type="checkbox"/> Cards
<input type="checkbox"/> Other Hobbies or interests (please tell us): _____	<input type="checkbox"/> Sunday Brunches
	<input type="checkbox"/> Visits to Gay Nude Resorts

RESPONSIBILITY RELEASE The Central Ohio Nude Guys Alliance (CONGA) is a non-profit, social and recreational group. To help ensure maximum participation by officers, chairmen, event hosts and others who toil for the benefit of all, we require that everyone who wishes to become a member signs a Responsibility Release. Thank you for understanding.

I certify that I am at least eighteen years of age and otherwise legally competent to sign this release.

I acknowledge that I participate in CONGA activities entirely at my own risk.

I therefore fully and forever release CONGA, its officers, directors, members, hosts at events, outing leaders and agents in their individual and corporate capacities from any and all liabilities, claims, demands, rights of action or causes of action, arising now or hereafter, for injuries to myself or my personal property, resulting from, arising out of, incidental to or proximately caused by the negligence of any of the above, the breach of contract or otherwise, in the organizing, planning or managing of an outing or event or any of the activities included therein, the screening of participants for their ability to take part in organization events or outings, the providing of or failing to provide safety precautions, instructions, equipment, devices or otherwise, or the transporting whether by airplane, car or otherwise, to or from or within the outing site or sites.

Signature _____

Print Name _____

Date _____

For CONGA use only:

Date Application Received: ____/____/____

Membership Status: Approved Denied

Application Received By: _____

ID Checked By: _____

Dues Paid: \$ _____ for Year _____

Membership Card Given? Yes No