

Lake O' the Woods Club
Application for Limited Term Membership

I (We) apply for limited term membership in the Lake O' The Woods Club for the 2024 season, and if accepted, will abide by all its rules and shared values. I (We) understand that The Board of Directors of LOWC may terminate my (our) membership at any time for cause.

Please print

Name: _____ Date Of Birth: ____ - ____ - ____

Address: _____

City, State, Zip: _____

What is your preferred method of communication? Mail___ Phone/Text___ Email___ None___
If Phone/Text or Email, please fill out the corresponding information below:

Phone: () _____ - _____ Email: _____

Do you acknowledge that LOWC is a family-oriented nudist club, accept this nudist lifestyle, and agree to the practice of social nudism while visiting the club? _____

Signature: _____ Date: _____

Spouse/Partner: (if applicable) _____ Date Of Birth: ____ - ____ - ____

Address: _____

City, State, Zip: _____

What is your preferred method of communication? Mail___ Phone/Text___ Email___ None___
If Phone/Text or Email, please fill out the corresponding information below:

Phone: () _____ - _____ Email: _____

Do you acknowledge that LOWC is a family-oriented nudist club, accept this nudist lifestyle, and agree to the practice of social nudism while visiting the club? _____

Signature: _____ Date: _____

Will you be accompanied by any minor children during any of your visits to LOWC? _____
If so, this application must be accompanied by signed Child Consent Forms for each minor child.

All information in this application will be treated as confidential. It is given for the use of the Membership Committee and the Board Of Directors of the Club only. LOWC never publishes or discloses information about its members.