



**AMERICAN ASSOCIATION FOR NUDE RECREATION,  
WESTERN REGION, INC.**

23679 Calabasas Road, Suite 966  
Calabasas, CA 91302

**Nomination Form for Member,  
Board of Directors**

For the Office of Director, I Hereby Nominate:

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Membership Type (check one):

Associate Member

Member of a Club – Name Club(S) To Which You Belong:

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How Long a Nudist? \_\_\_\_\_

How Long a Member of AANR West? \_\_\_\_\_

AANR West Office(S) or Committee Post(S) Held, if any:

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Club Office(S) or Committee Post(S) Held, if any:

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Business or Other Experience Related to The Office for Which Nominated:

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Attach additional page if necessary to add additional qualifications or explain your answers in more depth.

I hereby give my consent to be nominated for the office of Director, and, if elected will carry out the duties and responsibilities of this office to the best of my ability.

Nominee Please Sign \_\_\_\_\_ Date \_\_\_\_\_

Person Doing the Nominating, Please Print Name: \_\_\_\_\_

Mail your completed form (deadline July 20, 2017) to

AANR West - Nominations Committee  
23679 Calabasas Road, Suite 966  
Calabasas, CA 91302

Or email the form in ODF format directly to: : [information@aanrwest.org](mailto:information@aanrwest.org)



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23679 Calabasas Road, Suite 966  
Calabasas, CA 91302

**Nomination Form for President, Vice President,  
Secretary or Treasurer**

For the Office of \_\_\_\_\_, I Hereby Nominate:

\_\_\_\_\_

Membership Type (check one):

Associate Member

Member of a Club – Name Club(S) To Which You Belong:

\_\_\_\_\_

How Long a Nudist? \_\_\_\_\_

How Long a Member of AANR West? \_\_\_\_\_

AANR West Office(S) or Committee Post(S) Held, if any:

\_\_\_\_\_

Club Office(S) or Committee Post(S) Held, if any:

\_\_\_\_\_

Business or Other Experience Related to The Office for Which Nominated:

\_\_\_\_\_

\_\_\_\_\_

Attach additional page if necessary to add additional qualifications or explain your answers in more depth.

I hereby give my consent to be nominated for the office of \_\_\_\_\_, and, if elected will carry out the duties and responsibilities of this office to the best of my ability.

Nominee Please Sign \_\_\_\_\_ Date \_\_\_\_\_

Person Doing the Nominating, Please Print Name: \_\_\_\_\_

Mail your completed form (deadline July 20, 2017) to

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