



**AMERICAN ASSOCIATION FOR NUDE
RECREATION-FLORIDA REGION, INC.**

Nominations for AANR-Florida Office

Nominee: _____

Club Affiliation or Associate: _____

AANR #: _____ Expiration Date: _____

Residence City: _____ State: _____

- Check Appropriate Block: AANR-Florida President
 AANR-Florida Vice President
 AANR-Florida Director

Current Office (if applicable): _____

Past Offices Held: _____

Nominated by (if applicable): _____

(Please print name)

Contact Telephone Number: _____

Nominee:

I agree to this nomination: _____

(Signature of nominee)

Signed: _____ Date: _____

(AANR-Florida Nominations Chair)