

## **Application Checklist**

Please mail/drop off the following checklist items to:

Multnomah Athletic Club Attn: Membership Office 1849 SW Salmon St. Portland Oregon, 97205

Signature of Applicant	Date
By Signing below I acknowledge that I have com to submit all materials with Application fee and waitlist.	·
Both recommendation letters: one profesthe application below	ssional and one personal as specified in
Deposit check of \$2,000/per adult toward	d a \$2,400/per adult initiation fee
\$100 application fee check	
Completed Application Form	

Please note that the completed applications will be processed in the order they are received by the Membership office. You will receive an email confirmation of your waitlist placement once the membership office has received and processed the above checklist items which constitute a completed application.



# Membership Application - Nonresident Individual

PART I: TO BE COMPLET	TED BY APPLICANT						
APPLICANT			BIRTHDATE				
	Title First	Middle	Last		М	F	Non-Binary
	<b>VO</b> b values racial and ethnic of the contract of the contra	ormation will not be use	wants to gather infored for your membersh	mation to make more ip application decision			sions about club
		Asian		can American dian or Alaska Native			
	Native Hawaiia	Hispanic or Latino an or Pacific Islander		American European			
		Race: Please specify	Other: Pleas				
		I do not	wish to answer				
HON	ME ADDRESS						
HOME PHONE			CELL				
	E-MAIL						
CHILDREN	LIST CHILDREN YOU WISH 1	TO BE INCLUDED ON YOUR	ACCOUNT.				
	Individual and nonresident members who wish to include children older than seven on their accounts must transfer to a family category and are subject to applicable family dues.						
	FIRST	MIDDLE	LAST	GENDER	BIF	RTHDAT	Ē
				. <u> </u>			
				. <u> </u>			
				. <u> </u>			
OCCUPATION							
	Employer		(	Occupation			
				Email			

MAILINGS					
	Mail billing statement to:  Mail all other correspondence/publications to:  Home Business E-Statement Only  Business Other (specify below)				
	Please note that you are required to notify Member Services if home or business address changes.  Mailed billing statements include a monthly fee.				
BACKGROUND INFORMATION	Have you ever been convicted of a misdemeanor or felony?				
RECOMMENDATION					
LETTERS	Along with this completed application please submit two recommendation letters: a professional recommendation letter from a business or community organization and the other a personal recommendation letter. Below are the following guidelines for the recommendation letters:  • The applicant must know the professional recommendation letter writer for a minimum of 3 years and the personal recommendation letter writer for a minimum of 3 years.  • Neither of the recommenders are required to be from the Portland area.  Each letter should include:  • The type and duration of the person's relationship with the applicant • A description of the writers thoughts on the applicant's friendliness and congeniality • A description of the applicants character, ethics, and integrity • A description of the applicant's professional or community engagement (professional recommendation) or a description of the applicant's volunteerism (personal or community recommendation) • A description of the applicant's roots in the community • The professional recommendation letter should also include a description of the applicant's tenure and responsibilities of their position				



## **VERIFICATION FOR COMPLETING A NONRESIDENT MAC MEMBERSHIP APPLICATION**

It is the member's responsibility to provide the club with accurate and current personal information including name, address, telephone numbers, marital status, etc. Members must immediately notify the Membership Department of any changes that require a transfer of membership status. The House Committee investigates any failure to give proper notification of membership change as defined in the Club Rules.

The initiation fee for nonresident applicants is 40% of the current resident initiation fee, due at the time of election. If the membership is later transferred to a resident status, the member is required to pay 60% of the resident initiation fee in effect at the time of transfer. However, nonresident applicants can lock in the initiation fee in effect when they join by paying in full at the time of election. Payment plans are also available.

You are not eligible to apply for nonresident membership if you currently live or work within 50 aerial miles of the Multnomah Athletic Club, or if you intend to relocate or work within 50 aerial miles of the clubhouse sooner than 12 months of joining as a nonresident. In circumstances where a nonresident member establishes either residency or primary place of business within the 50 aerial mile club radius within the initial 12 month time frame, the Membership Committee, on a case-by-case scenario, will review the circumstance to determine if a nonresident member qualifies to transfer or if the nonresident membership should be revoked. Under suspicion of fraudulent representation, the issue will be referred to the House Committee

If anyone on a nonresident membership becomes a regular user of the club (more than 36 days of use per account in a calendar year) the account shall be subject to review by the House Committee and may be classified as a resident membership even though the membership may meet all other nonresident requirements. Resident members who use the club less than 36 days per calendar year are not considered nonresident members.

Eligibility	Checklist f	for Non	resident M	1embersh	nid Status:

nature Date Applicant 2 Signature Date
I understand that all members on my membership account must meet the criteria.
back to within 50 aerial miles of the Multnomah Athletic Club.
I understand that it is my responsibility to notify the Membership Department if I relocate, at any time,
I understand that all members on my nonresident membership must meet the criteria.
resident membership, even though I may meet all other nonresident requirements.  I understand that it is my responsibility to notify the Membership Department within 60 days of any change in my residence or principal place of business such that I no longer qualify for nonresident status.
I understand that if I become a regular user of the club (more than 36 days of use per account in a calendar year) the account will be subject to review by the House Committee and may be classified as a
a nonresident membership category. A residence includes, but is not limited to, a vacation home, condominium, or apartment.
including, but not limited to seasonal residency, while in a nonresident membership category.  I understand that I may not maintain a residence for my own use within 50 aerial miles of the club while it
I understand that I may not reside within 50 aerial miles of the club for any portion of the 12 months,
business (if employed) must not be within 50 aerial miles of Multnomah Athletic Club for 12 continuous months or longer after joining.
I understand that to qualify to join as a nonresident member my full-time residence and principal place of

By signing this form, applicant(s) are agreeing that they meet all nonresident criteria listed above. Providing false or misleading information that affects membership status or category is a violation of Club Rules that may disqualify you as applicant(s), and may subject the proposer to House Committee review.

For questions regarding the application process, membership categories, dues and initiation fees, contact the Membership Department at 503-517-7280.



## Multnomah Athletic Club

### BY SIGNING THIS APPLICATION FORM I ACKNOWLEDGE THE FOLLOWING:

- If the Board of Trustees approves this application, I am responsible for any initiation fee that applies in order to accept a membership. The initiation fee shall be the fee that is in effect for the specific membership category on the date the application is received by Membership.
- I may withdraw this application at any time prior to paying the initiation fee and accepting the membership. If I withdraw, I understand my deposit is refundable less a \$250 administration fee per adult listed on the application. Once the membership is accepted and the initiation fee is paid (or the applicant has agreed to make payments under a payment plan contract) the fee is nonrefundable.
- I grant Multnomah Athletic Club permission to obtain a personal financial/character/criminal report relative to my application.
- Upon approval of this application by the Board of Trustees, I agree to accept full responsibility for payment of account and compliance with Club Rules.
- The fact that I am applying for individualor family membership does not confer any contractual or
  additional rights upon this application or obligations to the Membership Committee or Board of
  Trustees, and the acceptance or rejection of the application is within the absolute discretion of the
  Membership Committee and Board of Trustees.
- All membership application materials are confidential and will not be disclosed to parties outside of the evaluation process.
- Any false or misleading information on this application may be cause for denying or rescinding membership.
- I have read and understand the Guidelines for Completing a MAC Application.
- I acknowledge and agree that my membership to the Multnomah Athletic Club, and the monthly dues that I am agreeing to pay, pays for all aspects of the Club, whether OR NOT I choose or am able to take part in any of the various athletic offerings and/or social activities provided by the Club. Current athletic offerings and social activities offered by the Club at the time of accepting membership may be discontinued at any time, and fees for such current activities may be implemented and/or increased in the future. Monthly dues also are subject to periodic future increases at the discretion of the Board of Trustees. The commitment to pay monthly dues is ongoing until resignation from the Club.



#### MAC AGREEMENT RELEASE AND WAIVER OF LIABILITY

- 1. I understand and acknowledge that club participation may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in club participation.
- 2. I agree to take appropriate precautions for my own safety and that of others when participating in activities and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.
- 3. I hereby release, waive and discharge MAC, its coaches, instructors, officials and volunteers engaged by MAC, in the conduct of club activities, and MAC officers, directors, agents and employees, from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death or damage to property, arising out of my participation in club activities, arising from negligence, whether on MAC premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.
- 4. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.
- 5. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage which I may suffer as a result of participation in club activities, MAC and all other persons mentioned in Paragraph 3.
- 6. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of MAC and the individuals listed in Paragraph 3.

I am the parent or legal guardian of those participant(s) who are associated with my membership account/application, who is under the age of 18 years, and who wishes to participate in the Multnomah Athletic Club's activities. In consideration of the Multnomah Athletic Club's allowing my child(ren) or ward(s) to participate in club activities, I hereby agree to indemnify the Multnomah Athletic Club and all other persons described in Paragraph 3 above, and to hold each and all of them harmless from any claim or demand on account of injury to or damage suffered by my child(ren) or ward(s) as a result of participation in club activities, whether on Multnomah Athletic Club premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to any activities and to pick up my child(ren) promptly upon the scheduled conclusion of such activities. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

This agreement includes, but is not limited to, claims or demands on account of injury or damage caused or allegedly caused by the negligence of MAC or any of the individuals listed in Paragraph 3.

I have read the above agreement of release and wa up substantial rights. I agree to this agreement vo	,	eing to this waiver I have given
Signature of applicant/member 1:	Print Name:	Date:
o Parental Consent to Treat: I wish to pro	ovide consent and have completed the form	n below:
I am the natural parent and/or guardian of registere Multnomah Athletic Club coaching staff or designat an accident, injury or illness that requires immediate not be limited to authorization for Multnomah Athlas they deem appropriate, substantiated by local mediate	ted chaperones to act on my behalf in the e medical or surgical care. Actions on beha letic Club coaching staff or other chaperon	event my child(ren) is the victim of alf of my child(ren) shall include bu nes to arrange for such medical care
Signature of applicant/member 1:		Date:

Account #:

\_Alternate Phone:\_

Emergency Phone:\_\_