

| | NONRESIDENT MEMB | ERSHIP TRANSF | ER FORM |
|---|---|--|--|
| Name: | | | Member #: |
| TRANSFER CATEGORY From: To: | | • | pership, list below those included in the membership: dren, ages 0 through 17 years at time of transfer. |
| | Children: | | M /F Birthdate: M /F Birthdate: M /F Birthdate: |
| | CONTACT | INFORMATION | |
| Please update or verify your co | | | Mail billing statements to: home business |
| Address: | | | Other correspondence to: home business |
| Home #: Email: | | | I wish to receive Winged M yes no |
| PRIMARY ACCOUN | ADDITIONAL CON | NTACT INFORMA | SPOUSE/ PARTNER ON ACCOUNT |
| Business: Position: Address: | NI FIOLDEN | Business: Position: Address: | SPOUSE LAKTINER ON ACCOUNT |
| Work#: C | Cell #: | Work#: | Cell #: |
| | SIGN | ATURES | |
| Members must immediately notify Member proper notification of membership change: By signing this form, members are agreeing a violation of Club Rules and may subject must be a violation of Club Rules and do qualify to the company of the company | r Services of any changes that require as defined in the Club Rules. that they meet all criteria listed above nembers to House Committee review. | a transfer of memb e. Providing false or to which I am tra | ion including name, address, telephone numbers, marital status, etc. ership status. The House Committee investigates any failure to give misleading information that affects membership status or category is unsferring, and I agree to comply with Club Rules. [1] (or back side) of this form. |
| signatu On a family | re date membership, both senior mer | mbers must sign | signature date both pages of this document. |

| OFFICE USE ONLY | Date Issued: | July 11, 2019 | Initiation Fee: | | | N/A Paid in Full | Back Dues: | _ |
|--------------------|-----------------|---------------|-----------------|-----|----------|------------------|------------|---|
| | Date Received: | | l a alcan? | YES | # | | | |
| 0.12. | Date Effective: | | Locker? | No | | | | |



GUIDELINES FOR COMPLETING A NONRESIDENT MEMBERSHIP TRANSFER FORM

Current resident members transferring to a nonresident membership status must qualify for nonresident status for 12 continuous months after election. You are not eligible to transfer to nonresident membership if you do not intend to maintain your full-time residence and principal place of business 50 aerial miles or more from Multnomah Athletic Club for at least 12 months after the transfer. If you establish either residence or principal place of business within 50 aerial miles of the club within 12 months of transfer to nonresident status, you will be billed resident dues retroactively to the date of transfer. The House Committee may also review the circumstances and representations relating to your residency to determine if disciplinary action is warranted.

If any member of 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.

| | must not be within 50 aerial miles o | ny full-time residence and principal place of Multnomah Athletic Club for 12 continuous | |
|--------------------------|---------------------------------------|---|---|
| • | y not reside within 50 aerial miles o | of the club for any portion of the 12 months, nonresident membership category. | |
| • | bership category. A residence inclu | wn use within 50 aerial miles of the club while udes, but is not limited to, a vacation home, | |
| | dence or principal place of business | ues retroactively to the date of transfer to changes to within 50 aerial miles of the club | |
| calendar year) the acc | count will be subject to review b | (more than 36 days of use per account in a by the Membership Committee and may be set all other nonresident requirements. | |
| | | mbership Department within 60 days of any uch that I no longer qualify for nonresident | |
| I understand that all me | embers on my nonresident member | ship must meet the criteria. | |
| () | , | criteria listed above. Providing false or misleadii u as applicant(s), and may subject members to | • |
| signature | date | signature | |