



Multnomah Athletic Club

Application Checklist

Please mail/drop off the following checklist items to:

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

Completed Application Form

\$100 application fee check

Deposit check of \$2,500/per adult toward a \$7,000/per adult initiation fee

Both recommendation letters: one professional and one personal as specified in the application below

By Signing below I acknowledge that I have completed the above checklist and will be required to submit all materials with Application fee and deposit in order to be considered for the waitlist.

Signature of Applicant

Date

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.



Multnomah Athletic Club

Membership Application - Family

PART I: TO BE COMPLETED BY APPLICANT

| | | | | | | | |
|-------------|-------|--------|------|--|-----------|---|------------|
| APPLICANT 1 | | | | | BIRTHDATE | | |
| Title | First | Middle | Last | | M | F | Non-Binary |
| APPLICANT 2 | | | | | BIRTHDATE | | |
| Title | First | Middle | Last | | M | F | Non-Binary |

VOLUNTARY QUESTION – Please select all that apply.

Multnomah Athletic Club values racial and ethnic diversity at our club and wants to gather information to make more informed decisions about club priorities and programs. This information will not be used for your membership application decisions in any way.

| APPL 1 | | APPL 2 | |
|-------------------------------------|----------------------------------|-------------------------------------|----------------------------------|
| Asian | Black or African American | Asian | Black or African American |
| Hispanic or Latino | American Indian or Alaska Native | Hispanic or Latino | American Indian or Alaska Native |
| Native Hawaiian or Pacific Islander | Caucasian / American European | Native Hawaiian or Pacific Islander | Caucasian / American European |
| Mixed Race: Please specify | Other: Please Specify | Mixed Race: Please specify | Other: Please Specify |
| I do not wish to answer | | I do not wish to answer | |

| | | | |
|---------------|--|------|--|
| HOME ADDRESS | | | |
| | | | |
| HOME PHONE | | | |
| APPL 1 E-MAIL | | CELL | |
| APPL 2 E-MAIL | | CELL | |

| | | | | | |
|-------------------|---|--------|------------|--------|-----------|
| CHILDREN | LIST CHILDREN AGES BIRTH TO 25 YOU WISH TO BE INCLUDED ON YOUR ACCOUNT. <i>Senior and nonresident members who wish to include children on their accounts must transfer to a family category and are subject to applicable family dues.</i> | | | | |
| | FIRST | MIDDLE | LAST | GENDER | BIRTHDATE |
| | | | | | |
| | | | | | |
| | | | | | |
| OCCUPATION | 1) Employer | | Occupation | | |
| | | | Email | | |
| | 2) Employer | | Occupation | | |
| | | | Email | | |

| | | |
|-----------------|---|--|
| MAILINGS | Mail billing statement to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> E-Statement Only Please note that you are required to notify Member Services if home or business address changes. Mailed billing statements include a monthly fee. | Mail all other correspondence/publications to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other _____ |
| | BACKGROUND INFORMATION <ul style="list-style-type: none"> Has either applicant ever been convicted of a misdemeanor or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO Has either applicant ever pled guilty / no contest to a misdemeanor or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO Has either applicant ever been <u>charged with</u> a misdemeanor or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <p>If you answered YES to any of the above questions, you must provide a letter of explanation by emailing it to membership@themac.com. Please provide an explanation of the event, including the date, nature and jurisdiction of any offense, and the judgment.</p> <hr/> <p>Has either applicant ever been a MAC member? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, when? _____ Under what name(s)? _____</p> <p>Who suggested you apply for membership?</p> <p>_____</p> <p>What about Multnomah Athletic Club made you interested in applying for membership?</p> <p>_____</p> <p>Do you know a current MAC member?* If so, who? _____</p> <p><small>*Please limit your response to two current MAC members whom you know. Please note, however, that there is no requirement that you know any current MAC member before applying to be added to the waitlist.</small></p> | |

| | |
|---|--|
| PROOF OF MARRIAGE, CIVIL UNION, OR DOMESTIC PARTNERSHIP | |
| <input type="checkbox"/> I will email a copy of our government documentation in order to qualify for family membership. | |

| | |
|-------------------------------|--|
| RECOMMENDATION LETTERS | Along with this completed application please submit two recommendation letters: a <u>professional recommendation letter from a business or community organization</u> and the other a <u>personal recommendation letter</u> . Below are the following guidelines for the recommendation letters: |
| | <ul style="list-style-type: none"> 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. <p>Each letter should include:</p> <ul style="list-style-type: none"> The type and duration of the person's relationship with the applicant A description of the applicant's friendliness and congeniality A description of the applicant's 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 |



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 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 individual or 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.

Signature of Applicant 1

Date

Signature of Applicant 2

Date



Multnomah Athletic 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 waiver of liability and understand that agreeing to this waiver I have given up substantial rights. I agree to this agreement voluntarily.

Signature of applicant/member 1: _____ Print Name: _____ Date: _____

Signature of applicant/member 2: _____ Print Name: _____ Date: _____

○ **Parental Consent to Treat:** I wish to provide consent and have completed the form below:

I am the natural parent and/or guardian of registered children who are associated with my account, do hereby fully authorize Multnomah Athletic Club coaching staff or designated chaperones to act on my behalf in the event my child(ren) is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child(ren) shall include but not be limited to authorization for Multnomah Athletic Club coaching staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care.

Signature of applicant/member 1: _____ Date: _____

Signature of applicant/member 2: _____ Date: _____

Emergency Phone: _____ Alternate Phone: _____ Account #: _____