



# Diversity Admissions Application

## Member Nomination for Families

### Multnomah Athletic Club

## Application Checklist

Please submit the following checklist items to [membership@themac.com](mailto:membership@themac.com).  
They also can be mailed to or dropped off at:

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

- ☐ **Completed Nomination Worksheet**
- ☐ **Completed Community Involvement Worksheet**
- ☐ **Completed Application for Diversity Admissions Membership**
- ☐ **Both Letters of Recommendation — One proposer and one seconder, as specified in the application**

By Signing below, I acknowledge that I have completed the above checklist and am required to submit all materials to be considered for membership.

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Signature of Applicant 1

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Date

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Signature of Applicant 2

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Date

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

*For any questions, please contact Membership at 503-517-7280 or [membership@themac.com](mailto:membership@themac.com).*



# Diversity Admissions Application

## Member Nomination for Families

### Multnomah Athletic Club

## Nomination Worksheet

### Mission Statement

The purpose of the Diversity Admissions Program is to increase the diversity of Multnomah Athletic Club membership to better reflect the community in which we live.

Part One: To Be Completed by Candidate	
<b>Candidate</b> Community Involvement forms will be considered only for this candidate	Name: _____ Birthdate: _____ title first middle last gender Address: _____ Home Phone: _____ Email: _____
<b>Source</b>	How did you learn about the Diversity Admissions Program? _____
<b>Criterion 1</b>	<p>Diversity refers to race, ethnicity, gender, and sexual orientation as defined below. Please check all of the boxes that apply to you.</p> <p style="text-align: center;"><b><u>Race</u></b></p> <p><input type="checkbox"/> <b>Black or African American:</b> A person having origins in any of the Black racial groups.</p> <p><input type="checkbox"/> <b>Hispanic or Latino:</b> A person having origins in any of the original peoples of Central or South America, or other Latin American countries.</p> <p><input type="checkbox"/> <b>Asian, Middle Eastern or Pacific Islander:</b> A person having origins in any of the original peoples of the Far East, Middle East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.</p> <p><input type="checkbox"/> <b>American Native or Alaskan Native:</b> A person having origins in any of the original peoples of North America.</p> <p><input type="checkbox"/> <b>Other</b></p> <p style="text-align: center;"><b><u>Gender</u></b></p> <p><input type="checkbox"/> <b>Trans:</b> A person whose gender identity or expression does not conform to what is expected based on the sex they were assigned at birth.</p> <p><input type="checkbox"/> <b>Gender Nonconforming:</b> A term used to describe someone whose gender expression is different from conventional expectations of masculinity and femininity.</p> <p style="text-align: center;"><b><u>Sexual Orientation</u></b></p> <p><input type="checkbox"/> <b>LGBTQ+ Spectrum:</b> A person whose sexual orientation is other than heterosexual.</p>



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### Part Two: To Be Completed by Nominator

#### Nominator

Using the options provided at right, please indicate the nature of your relationship with the candidate, and how the candidate meets the program criteria.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
first middle last member number

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

☐ I attest that, to the best of my knowledge, the candidate qualifies for one or more of the following groups as defined on the front of this form.

- Black or African American
- Asian, Middle Eastern, or Pacific Islander
- Gender
- Hispanic or Latino
- American Native or Alaskan Native
- Sexuality

☐ I attest that the candidate meets the criteria for community involvement activities as defined above through:

- Charitable or nonprofit organizations
- Faith-based organizations
- Cultural organizations
- Professional organizations
- Educational institutions
- Other (Please specify): \_\_\_\_\_

### Part Three: To Be Completed by Candidate and Nominator

#### Signatures

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_



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## Member Nomination for Families

Multnomah Athletic Club

## Community Involvement Worksheet

Please use this worksheet to detail your involvement in a voluntary or professional activity. This includes leadership roles that show your relationships and connections in the community that give you a sphere of influence to increase awareness of the Diversity Admissions Program and Multnomah Athletic Club.

*Please list only one activity per worksheet. Copy this form for additional activities, if needed. Typed worksheets are accepted. If needed, you may photocopy the worksheet and attach pages for additional examples.*

Part One: To Be Completed by Nominee	
<b>Nominee</b>	<p>Nominee Name: _____</p> <p>Title(s) or Role(s): _____ For example, board member, officer, founder, volunteer, etc.</p> <p>Date of Involvement: _____ Beginning Date                      End Date</p>
<b>Criterion 2</b>	<p><b>Description of activity and your level of involvement, including leadership roles:</b> Describe your role in the activity and how your involvement has developed relationships and connections in the community that give you a sphere of influence to increase awareness of the Diversity Admissions Program and the Multnomah Athletic Club. This is not a measure of volunteer service, but of relationship building.</p> <div><div><ul style="list-style-type: none"><li>• Charitable or nonprofit organizations</li><li>• Cultural organizations</li><li>• Educational institutions</li></ul></div><div><ul style="list-style-type: none"><li>• Faith-based organizations</li><li>• Professional organizations</li><li>• Similar activities that demonstrate community involvement</li></ul></div></div>

Continued on next page.



# Diversity Admissions Application

## Member Nomination for Families

Description of activity and your level of involvement, including leadership roles (continued):

Signature of Nominee 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Nominee 2: \_\_\_\_\_

Date: \_\_\_\_\_



# Diversity Admissions Application

## Member Nomination for Families

Part One: To Be Completed by Applicant	
<b>Applicant</b>	<p><b>Applicant 1:</b></p> <p>_____ Birthdate: _____</p> <p>title first middle last gender</p> <p><b>Applicant 2:</b></p> <p>_____ Birthdate: _____</p> <p>title first middle last gender</p>
	<p>Home Address: _____</p> <p>Home Phone: _____</p> <p>Appl. 1 Email: _____ Cell: _____</p> <p>Appl. 2 Email: _____ Cell: _____</p> <p>Please indicate:</p> <p><input type="checkbox"/> Applicant is at least 30 years of age</p> <p><input type="checkbox"/> Applicant is <u>younger than 30</u> years of age.</p>
<b>Children</b>	<p>List children you wish to be included on your account.  <i>Individual and nonresident members who wish to include children under 18 on their accounts must transfer to a family category and are subject to applicable initiation fees and dues.</i></p> <p>Children: _____ Birthdate: _____</p> <p>first middle last gender</p> <p>Children: _____ Birthdate: _____</p> <p>first middle last gender</p> <p>Children: _____ Birthdate: _____</p> <p>first middle last gender</p>
<b>Occupation</b>	<p>Employer: _____ Occupation: _____</p> <p>Address: _____ Work Phone: _____</p> <p>Email: _____</p>
Applicant 2	<p>Employer: _____ Occupation: _____</p> <p>Address: _____ Work Phone: _____</p> <p>Email: _____</p>
<b>Mailings</b>	<p>Mail billing statement to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> E-Statement Only</p> <p>Mail all other correspondence/publications to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> E-Statement Only</p> <p>Please note that you are required to notify Member Services if home or business address changes.</p> <p><b>Billing statements sent by mail cost \$2.50 per month.</b></p>
<b>Background Information</b>	<p>Has either applicant ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has either applicant ever pled guilty/no contest to a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has either applicant ever been <u>charged with</u> a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered YES to any of the above questions, <b><u>you must provide a letter of explanation.</u></b></p> <p><i>Please provide an explanation of the event, including the date, nature, and jurisdiction of any offense, and the judgment.</i></p> <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>

For Office Use Only:

Mailed/PU Date	Received (SP)	Initiation Fee	Posted	Background Check	Date to Membership	Account #	Effective Date

Application



# Diversity Admissions Application

## Member Nomination for Families

### Part Two: To Be Completed and Signed by Applicants

#### Seconders

Please print legibly. Please review guidelines for details about qualified seconders. Your seconder may **NOT** be a family member and **MUST** be a MAC member. Both applicants may list the same seconder.

Applicant 1

Seconder Name (Non-Family): \_\_\_\_\_

Member Number (Required): \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you known the seconder for the required minimum of one year? ☐ Yes ☐ No

How long? \_\_\_\_\_

Applicant 2

Seconder Name (Non-Family): \_\_\_\_\_

Member Number (Required): \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you known the seconder for the required minimum of one year? ☐ Yes ☐ No

How long? \_\_\_\_\_

#### Proof of Marriage, Civil Union, or Equivalent

☐ I have enclosed a copy of our marriage certificate/government documentation in order to qualify for family membership.

#### Signatures

#### 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. This is the initiation fee that is in effect for the specific membership category on the date the application is received in Member Services.
- I may withdraw this application at any time prior to paying the initiation fee and accepting the membership. Once the membership is accepted and the initiation fee is paid or 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 membership.
- I have read and understand the Guidelines for Completing a MAC Application.

Signature of Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

Application



# Diversity Admissions Application

## Member Nomination for Families

### Part Three: To Be Completed and Signed by Proposer

#### Proposer

Please print legibly. Please review guidelines for details about qualified proposers.

Your proposer may be a family member and **MUST** be a MAC member.

*Please note: If the proposer is a family member, **no letter of recommendation is required.** If you are required to submit a letter, you will be contacted at a later date.*

#### Applicant 1

Is the applicant a family member? ☐ Yes ☐ No

What is your relation to the applicant? \_\_\_\_\_

Have you known the applicant for the required minimum of three years? ☐ Yes ☐ No

How long? \_\_\_\_\_

#### Applicant 2

Is the applicant a family member? ☐ Yes ☐ No

What is your relation to the applicant? \_\_\_\_\_

Have you known the applicant for the required minimum of three years? ☐ Yes ☐ No

How long? \_\_\_\_\_

I accept responsibility for the completeness and accuracy of the information on this form and understand that any misrepresentation may disqualify the applicant(s). I understand that my membership in the Multnomah Athletic Club confers no contractual or additional rights to the applicant(s) or obligations to the Membership Committee or Board of Trustees. I acknowledge that the acceptance or rejection of this application is within the absolute discretion of the Membership Committee and Board of Trustees.

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Number (Required): \_\_\_\_\_



# Diversity Admissions Application

## Waiver of Liability

### Multnomah Athletic Club

## Agreement Release & 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, or 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 at 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 are under the age of 18 years, and who wish 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 by agreeing to this waiver, I have given up substantial rights. I agree to this agreement voluntarily.**

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Signature of Applicant/Member 1

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Print Name

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Date

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Signature of Applicant/Member 2

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Print Name

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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/are 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 #: \_\_\_\_\_



# Diversity Admissions Application

## Letter of Recommendation

Multnomah Athletic Club

### Letter of Recommendation Guidelines

You have been named by the applicant(s) listed below as a Proposer or Secondar for Multnomah Athletic Club membership. Your honest appraisal of the applicant(s) is appreciated and helps maintain the high quality of MAC membership. All information you share is confidential.

**The following guidelines assist proposers and seconders in completing Letters of Recommendation for applicants they are supporting.**

- *Proposers:* Proposers who are not family members of applicants must submit a Letter of Recommendation.
- *Seconders:* All seconders must submit a Letter of Recommendation to Member Services regarding the applicant.

**Each Letter should include:**

- 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 or a description of the applicant's volunteerism
- A description of the applicant's roots in the community
- If known on a professional letter, the recommendation letter also should include a description of the applicant's tenure and responsibilities of their position.