



UNION HILL  
ATHLETIC CLUB

# APPLICATION FOR MEMBERSHIP (PRIMARY)

Call: 816-777-5900 • Fax to: 816-777-5906  
Email to: FRochelle@UnionHill.com

Office Use Only -  
Agreement #

Access # (IR)

## Primary Member Information

Select One:  Miss  Mrs  Ms  Mr  Dr \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Home Information

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_

Street: \_\_\_\_\_ State: \_\_\_\_\_

Apt No: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Secondary Members (Must be 16 yrs. of age & reside with Primary Member)

# of Additional Members: \_\_\_\_\_ (Each Secondary member will need to fill out a separate Secondary Member application.)

## Account Billing Information (Used for Application/Background Check Fees & Dues for ALL members) - Select One:

Bank EFT Name as Shown on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking Acct.  Savings Acct.

Routing No: \_\_\_\_\_ (9 Digits) Acct. No.: \_\_\_\_\_

Credit Card Charge Name as Shown on Account: \_\_\_\_\_

Credit Card:  Am Ex  Master  Visa  Discover Exp. Date: \_\_\_\_\_

Card No.: \_\_\_\_\_

## Background Check (Not applicable for residents of The Founders, UHP, Roanoke Court, Payne Rowhomes )

Please provide 3 years residential history.

Dates at current address above: \_\_\_\_\_ to Present

Previous Landlord/Prpty Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Day PH #: \_\_\_\_\_

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Landlord/Prpty Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Day PH #: \_\_\_\_\_

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

The Applicant For Membership above hereby authorizes Union Hill Athletic Club (the "Club") and/or its agents to make an investigation of my background, references, character, past employment, education, criminal and police records, and to make other investigative checks, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application or other documentation and/or obtaining other information which may be material to my application for membership at the Club. I release the Club and/or its agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I understand that the Club and/or its agents will adhere to any applicable state and federal statutes concerning the securing, handling and release of such information.

By signing below, I certify that all of the statements I have made and all the information I have provided to the Club are true, including the information on this form, and agree that any false information, misrepresentation or omission of facts may result in cancellation of my application and/or immediate termination of my membership with the Club. I understand that I will be charged a \$55/person plus tax non-refundable processing fee for background checks for myself and the number of secondary members indicated above. Additional processing fees may apply for membership.



Please upgrade my key card to a fob for my key ring for \$50:  Yes  No

Primary Member Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

E:\3 AC\1 Forms\Membership Paperwork\Member Applications

UHAC Agent Accepting Application \_\_\_\_\_ Date \_\_\_\_\_

Revised: 06-17-09