



UNION HILL
ATHLETIC CLUB

APPLICATION FOR MEMBERSHIP (PRIMARY)

Office Use Only -
Agreement #

Fax to: 816-777-5977
Email to: FRochelle@UnionHill.com

Questions? Call 816-777-5900

Primary Member Information

Primary Member (Employee)

Select One: Miss Mrs Ms Mr Dr _____ Date of Birth: _____
First Name: _____ MI: _____ SSN: _____
Last Name: _____ Email: _____
Employer: _____ Work Phone: _____
Job Title: _____ Cell Phone: _____

Home Address

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 or the Cadillac condos)

Please provide 3 years residential history.

Dates at current address above: _____ to Present

Prev. Landlord/Prpty Name: _____
Your Address: _____
Apt. # _____
City, State, Zip: _____
Landlord Day PH #: _____
Dates/From: _____ To: _____

Prev. 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, credit history, 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, resume, 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 \$35/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.

Primary Member Applicant Signature _____ Date _____

UHAC Agent Accepting Application _____ Date _____