



UNION HILL ATHLETIC CLUB

APPLICATION FOR MEMBERSHIP

(SECONDARY)

Call: 816-777-5900 • Fax to: 816-472-0422

Email to: Info@UnionHill.com

One Per Secondary Member

Office Use Only
<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3
Access # (IR)

Secondary Member (Use 1 form per Secondary Member - up to three may be added)

Primary Member

Name: _____

Secondary Member (Must be 16 years of age and reside with Primary Member)

Select One: Miss Mrs Ms Mr Dr _____ Date of Birth: _____

First Name: _____ MI: _____ Email: _____

Last Name: _____ Work Phone: _____

SSN: _____ Cell Phone: _____

Home Information

Home Phone: _____ City: _____

Street: _____ State: _____

Apt No: _____ Zip: _____

Emergency Contact

Name: _____ Phone: _____

Club Account Billing Information (Used for your amenities & club purchases such as beverages) - Select only one of the following

1. Bill Primary's Account I agree to pay all charges by this member: _____ / ____ / ____
(Primary Signature Required) (Date)

2. Bank EFT Name as Shown on Account: _____

Bank Name: _____ Checking Acct. Savings Acct.

Routing No: _____ (9 Digits) Acct. No.: _____

3. 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: _____

Previous Landlord/Prpty Name: _____

Your Address: _____

Your Address: _____

Apt. # _____

Apt. # _____

City, State, Zip: _____

City, State, Zip: _____

Landlord Day PH #: _____

Landlord Day PH #: _____

Dates/From: _____ To: _____

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 the Primary Member listed above will be charged a \$55 plus tax non-refundable processing fee to run my background check. Additional processing fees may apply for membership.



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

Applicant Signature _____ Date _____

UHAC Agent Accepting Application _____ Date _____