



Multnomah Athletic Club

Membership Application - Resident Legacy

PART I: TO BE COMPLETED BY APPLICANT

APPLICANT Meresa Margaret Ann Galati MEMBER # 455260
Title First Middle Last

HOME ADDRESS 7805 SW Canyon LN
Portland, OR 97225
HOME PHONE _____ CELL 503-522-8739
HOME E-MAIL Meresa.galati96@gmail.com
BIRTHDATE 5/22/1966 GENDER F

MEMBERSHIP CATEGORY:

Check One: ☒ Resident ☐ Nonresident

Please indicate:

- ☐ Applicant is at least 30 years old
☒ Applicant is under 30 years of age

CHILDREN

LIST CHILDREN YOU WISH TO BE INCLUDED ON YOUR ACCOUNT.

Individual and nonresident members who wish to include children older than seven on their accounts must transfer to a family category and are subject to applicable initiation fees and dues.

FIRST	MIDDLE	LAST	GENDER	BIRTHDATE

OCCUPATION

Employer VA Portland Medical Center Occupation RN
Address 3710 SW Veterans Hospital Rd Work Phone 503-220-8242
Portland, OR 97239 E-Mail Meresa.galati@va.gov

MAILINGS

Mail billing statement to:

☐ Home ☐ Business ☒ E-Statement Only

Mail all other correspondence/publications to:

☒ Home ☐ Business ☐ Other (specify below)

Billing statements sent by mail will cost \$2.50 per month starting January 1, 2020

Please note that you are required to notify Member Services if home or business address changes.

BACKGROUND INFORMATION

- Have you ever been convicted of a misdemeanor or felony? ☐ YES ☒ NO
- Have you ever pled guilty / no contest to a misdemeanor or felony? ☐ YES ☒ NO
- Have you ever been charged with a misdemeanor or felony? ☐ YES ☒ NO

If you answered YES to any of the above questions, you must provide a letter of explanation.

Please provide an explanation of the event, including the date, nature and jurisdiction of any offense, and the judgment.

PART II: TO BE COMPLETED AND SIGNED BY THE APPLICANT

FOR OFFICE USE ONLY

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

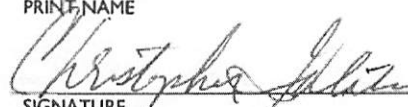
SECONDER	PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED SECONDER.		
	YOUR SECONDER MAY NOT BE A FAMILY MEMBER AND MUST BE A MAC MEMBER.		
	SECONDER NAME (NON-FAMILY) <u>Michelle Camarda</u>	MEMBER # (REQUIRED) <u>465501</u>	E-MAIL ADDRESS <u>Michelle.Camarda@gmail.com</u>
Have you known the seconder for the required minimum of one year? <u>yes</u> How long? <u>2 years</u>			

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 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, including all dues, charges, and fees established by the MAC Board of Trustees from time to time, and compliance with all other 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 that 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.

 10/22/22
Signature of Applicant Date

PART III: TO BE COMPLETED AND SIGNED BY THE PROPOSER

PROPOSER	PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED PROPOSERS.		
	THE 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.		
	Is the applicant a family member? <u>YES</u> What is your relation to the applicant? <u>PARENT</u>		
Have you known the applicant for the required minimum of three years? <u>YES</u> How long? <u>26 years</u>			
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.			
<u>CHRISTOPHER F. GALATI</u>		<u>cfgalati@multnomahathletic.com</u>	
PRINT NAME		E-MAIL ADDRESS	
<u></u>		<u>9994-0</u>	<u>10-22-22</u>
SIGNATURE		MEMBER # (REQUIRED)	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: Theresa Guma Print Name: Theresa Guma Date: 10/22/22

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 #: _____



Multnomah Athletic Club

Letter of Recommendation Guidelines

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

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

Please fill out the fields with a minimum 2-3 sentences each or your letter of support will be considered void

- **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.

To avoid delays in processing the application, your letter **MUST** include the following:

- Name of the applicant(s) Teresa Galati
- Type and duration of the relationship with the applicant(s) Friend
- A description of how you feel the applicant would fit within the club environment

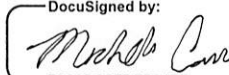
Teresa is a great person to know. She is very committed to her health and the health and well being of others. She is a wonderful nurse with the VA.

- Statement about how the applicant(s) would demonstrate a stewardship to the club

I feel her knowledge of health and nutrition would be a huge contribution to the MAC. She is a positive and well liked individual. I enjoy being around her and others would benefit from the same experience. She takes the time out to talk to you and shares her energy with everyone!

- Description of the applicant's integrity, ethics, and character

Her work ethic outside and inside the club are phenomenal! She is dedicated to her own personal health while at the MAC. At work, she is fabulous nurse with many skills.

DocuSigned by:

72C2DC5FDEB94FE...
Signature

Michelle Camarda

Name

Please Note: In your capacity as member proposer or seconder, you are acting on behalf of Multnomah Athletic Club. You are asked to provide complete and detailed information about the applicant(s) in order to assist the Membership Committee and the Board of Trustees in judging the character of the applicant(s) and the merits of their application. Incomplete letters will be necessarily returned for completion.



Post Office Box 5920, Scottsdale, AZ 85261
1-877-263-8033 | www.universalbackground.com

Report Requested By:
MULTNOMAH ATHLETIC CLUB

Consumer Report - Order # 38136285

Name:	Theresa Margaret Ann Galati	SSN:	***-**-7036
Address:	3021 Sw Florida St Unit B Portland, OR 97219	DOB:	05/22/****
		Phone:	(503)522-8739
		Email:	theresa.galati96@gmail.com

This document is a file copy for employer reference only. It does not include the state and federal disclosures that must be provided to the consumer with the report.

Summary for Theresa Margaret Ann Galati

Search Type	Details	Status
Social Security Address/Alias Trace		See Details
USA CriminalSearch Plus		No Record
Statewide Criminal Court Search	OR	No Record
Federal District Criminal Search	FEDERAL District, OR	No Record

Report Detail for Theresa Margaret Ann Galati

Social Security Address/Alias Trace	#111925572
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Date Ordered	08/08/2024	Date Completed	08/08/2024
Validation	This is a Valid Social Security Number. (This is a Valid Social Security Number. Issued in Oregon between 1995 and 1998.)		
Status	No Discrepancy Detected		

The SSN is associated with the name provided.

The information contained in the Social Security Number Address/Alias Trace is a research tool and is not considered a consumer report or investigative consumer report. While the trace is useful to establish an association between the name and SSN provided, it does not provide a definitive match or verification. It should not be used as a factor for taking any adverse action against this individual.

USA CriminalSearch Plus	#111925574
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Date Ordered	08/08/2024	Date Completed	08/08/2024
Status	No Record Found		

> USA CriminalSearch

* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.

> USA OffenderSearch

* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.

> USA SecuritySearch

Statewide Criminal Court Search

#111925578

Date Ordered	08/08/2024	Date Completed	08/08/2024
Status	No Record Found		
Jurisdiction/Location	OR		
Scope of Search	Records were searched for a minimum of 7 years		

Federal District Criminal Search

#111925579

Date Ordered	08/08/2024	Date Completed	08/08/2024
Status	No Record Found		
Jurisdiction/Location	FEDERAL District, OR		
Scope of Search	Records were searched for a minimum of 7 years		

This information is a consumer report or investigative consumer report as defined by the federal Fair Credit Reporting Act (FCRA) and applicable state laws. This report does not guarantee the accuracy or truthfulness of the information, but only that it is accurately copied from public records. The end user of this report agrees to comply with the Fair Credit Reporting Act (FCRA), and all other federal, state and local laws governing the confidentiality and dissemination of this information. If any adverse action may be taken based in whole or in part on this consumer report, the end-user is obligated to follow the adverse action procedures as outlined in the FCRA and applicable state and local laws.

AZ DPS License #1001268