



Multnomah Athletic Club

## Membership Application – Resident Legacy

### PART I: TO BE COMPLETED BY APPLICANT

APPLICANT Sophie Louise Chifton Hinshaw MEMBER # 462890  
 Title First Middle Last

HOME ADDRESS 7400 SW Barnes Rd Apt 1133  
Portland, OR 97225

HOME PHONE 503-807-8915 CELL 8

HOME E-MAIL Sophie.LC@mac.com

BIRTHDATE 07/27/1997 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 DHSU Occupation Registered Nurse  
 Address 3181 SW Sam Jackson Park Rd Work Phone    
Portland, OR 97239 E-Mail hinshaw@ohsu.edu

#### 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



<b>SECONDER</b>	PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED SECONDER.		
	YOUR SECONDER MAY <b>NOT</b> BE A FAMILY MEMBER AND <b>MUST</b> BE A MAC MEMBER.		
	SECONDER NAME (NON-FAMILY) <u>Lesley Otto</u>	MEMBER # (REQUIRED) <u>16398-1</u>	E-MAIL ADDRESS <u>Otto1.mac@me.com</u>
	Have you known the seconder for the required minimum of one year? <u>yes</u> How long? <u>24 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.

Aphie Hinson 6/20/24  
Signature of Applicant Date

**PART III: TO BE COMPLETED AND SIGNED BY THE PROPOSER**

<b>PROPOSER</b>	PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED PROPOSERS.		
	THE PROPOSER <b>MAY</b> BE A FAMILY MEMBER AND <b>MUST</b> BE A MAC MEMBER.		
	PLEASE NOTE: IF THE PROPOSER IS A FAMILY MEMBER, <b>NO LETTER OF RECOMMENDATION IS REQUIRED.</b>		
	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>Mother</u>		
	Have you known the applicant for the required minimum of three years? <u>yes</u> How long? <u>26</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>Peggy Olsen</u> PRINT NAME		<u>peggyhinson@mac.com</u> E-MAIL ADDRESS	
<u>PMH</u> SIGNATURE		<u>467990</u> MEMBER # (REQUIRED)	<u>6/20/24</u> 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: [Signature] Print Name: Sophie Hinchshaw Date: 6/20/24

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 Seconder 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.

- **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 level, the recommendation letter should also include a description of the applicant's tenure and responsibilities of their position

Dear MAC Membership Committee,

Please accept this letter of recommendation on behalf of Sophie Hinshaw. Sophie has been a child MAC member with her family for her 18 years and as a family friend I saw her truly take advantage of all that the club offered. In addition to general exercise, family fun, she was an outstanding swimmer and synchronized swimmer on the MAC teams. She is truly a team player and incredibly considerate of others. She is one of the kindest people I know. Her determination and commitment to success are evident in her swimming records at the MAC, her success as a high school student at St Mary's, and her dedication to caring for others in her choice to become a nurse.

She speaks French and enjoys travel. She is adventurous-after completing her nursing education, she took her first job in DC at Georgetown Medical Center working in the Step Down Unit (where ICU patients go when they are beginning to improve but not yet stable enough to be on the regular floor). She was in a new space and taking on significant responsibility all during Covid. She stepped up and worked hard and saved lives. She created a group of friends and thrived in DC. She ultimately moved back to Portland to be closer to family and the beauty of the PNW. She now is working at OHSU in a similar high demand nursing role. She again is showing her commitment to teams and willingness to take on challenging work.

She values exercise and has joined many 1/2 marathons to push herself-possibly even a full marathon. She sets goals and accomplishes them. As a long term MAC member, I can honestly say, Sophie has and will again add warmth, humility, and kindness to the club.

DocuSigned by:  
  
 AD01C7FAF019449...  
 Signature

Lesley Otto

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 # 37671613**

<b>Name:</b>	Sophie Louise Chiffon Hinshaw	<b>SSN:</b>	***-**-9434
<b>Address:</b>	4319 SW Fraser Ave Portland, OR 97225	<b>DOB:</b>	07/27/****
		<b>Phone:</b>	(503)807-8915
		<b>Email:</b>	sophielc@mac.com

**Summary for Sophie Louise Chiffon Hinshaw**

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

**Report Detail for Sophie Louise Chiffon Hinshaw**

<b>Social Security Address/Alias Trace</b>	<b>#110619905</b>
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<b>Date Ordered</b>	07/02/2024	<b>Date Completed</b>	07/02/2024
<b>Validation</b>	This is a Valid Social Security Number. (This is a Valid Social Security Number. Issued in Oregon between 1997 and 1999. )		
<b>Status</b>	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.

<b>USA CriminalSearch Plus</b>	<b>#110619907</b>
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<b>Date Ordered</b>	07/02/2024	<b>Date Completed</b>	07/02/2024
<b>Status</b>	No Record Found		
<div>&gt; USA CriminalSearch</div>			
* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.			
<div>&gt; USA OffenderSearch</div>			
* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.			
<div>&gt; USA SecuritySearch</div>			
<b>Federal District Criminal Search</b>			<b>#110619912</b>
<b>Date Ordered</b>	07/02/2024	<b>Date Completed</b>	07/02/2024
<b>Status</b>	No Record Found		
<b>Jurisdiction/Location</b>	FEDERAL District, OR		
<b>Scope of Search</b>	Records were searched for a minimum of 7 years		
<b>Federal District Criminal Search</b>			<b>#110619913</b>
<b>Date Ordered</b>	07/02/2024	<b>Date Completed</b>	07/02/2024
<b>Status</b>	No Record Found		
<b>Jurisdiction/Location</b>	FEDERAL District, DC		
<b>Scope of Search</b>	Records were searched for a minimum of 7 years		
<b>County Criminal Court Search</b>			<b>#110619915</b>
<b>Date Ordered</b>	07/02/2024	<b>Date Completed</b>	07/03/2024
<b>Status</b>	No Record Found		
<b>Jurisdiction/Location</b>	DISTRICT OF COLUMBIA, DC		
<b>Scope of Search</b>	Records were searched for a minimum of 7 years		
<b>Statewide Criminal Court Search</b>			<b>#110619917</b>
<b>Date Ordered</b>	07/02/2024	<b>Date Completed</b>	07/02/2024
<b>Status</b>	No Record Found		
<b>Jurisdiction/Location</b>	OR		
<b>Scope of Search</b>	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

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) (<http://www.consumerfinance.gov/learnmore>) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) (<http://www.consumerfinance.gov/learnmore>) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) (<http://www.consumerfinance.gov/learnmore>) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) (<http://www.consumerfinance.gov/learnmore>) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) (<http://www.consumerfinance.gov/learnmore>).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert

that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) (<http://www.consumerfinance.gov/learnmore>).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552  b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052  b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480  c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106  d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090



9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
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2/2023