Raymond B. Preston Health & Activities Center

Alumni Membership Application

NOTE: This membership is for one calendar year.

Assigned 500#: ___________________________ Name: ___________________________

Date of Birth: _____ / _____ / ______ E-mail Address: ___________________________

Home Address: ____________________________________________________________

State Zip

Street City

Home Phone: (_____) ______-________ Cell Phone: (_____) ______-________ Office Phone: (_____) ______-________

Emergency Contact: __________________________________________________________

Phone #: (_____) ______-________

Payment Options:

To be eligible for an Alumni Membership, you must first be a card carrying member of the WKU Alumni Association. A copy of your current Alumni Membership Card must be attached to this membership form. Employees are not eligible for Alumni memberships.

Annual Fee for Single Membership: $200 ____________________________

Annual Fee for Family Membership: $400 ____________________________ Family Membership includes spouse and all children under the age of 18. Children over the age of 18 are eligible for a separate “Buddy Membership” for $300. Annual Fee is for one calendar year.

Please List all Sub-members on the back of this page.

__________ Cash __________ Check/Money Order # __________ Credit Card

NOTE: Members will receive a renewal notice two weeks prior to termination date. Please remember that upon your expiration date, your Preston Center ID card will automatically be deactivated unless membership payment and form have been completed. When renewing your membership application, please attach a copy of your current Alumni Association membership card to the form.

I understand and am aware that by using the Preston Center facilities, and services offered by the WKU Department of Intramural-Recreational Sports, I may experience potential health risks including, but not limited to, injury, cramps, transient light-headedness, fainting, abnormal blood pressure, chest discomfort, nausea and possible death. I acknowledge that I should obtain permission from my physician before engaging in any exercise activity, and that I am voluntarily using these facilities and services with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

SIGNATURE: __________________________________________________________ DATE: ____________________________

Office Use Only:_____________________________________

Family/Sub-Members Information:

NOTE: All members must have an ID to enter the building. Only current WKU Faculty/Staff and students may use their WKU 800#. All others will be assigned a Preston Only 500#. There is a $10 charge for all Preston Center ID’s made payable to the ID Center. Non-employees/current students are eligible for the “Preston Only” Parking Permit available through Parking and Transportation.

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ______ / ______ / _______ Relationship: Spouse_______ Child _______ Partner_______ Other_______

E-mail Address: ____________________________________________________________

Home Address: __________________________________________

Street _____________________________________________

City _____________________________________________

State _____________________________________________

Zip _____________________________________________

Home Phone: (_____) _______ - _______ Cell Phone: (_____) _______ - _______ Office Phone: (_____) _______ - _______

Emergency Contact: __________________________________________ Phone #: (_____) _______ - _______

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ______ / ______ / _______ Relationship: Spouse_______ Child _______ Partner_______ Other_______

E-mail Address: ____________________________________________________________

Home Address: __________________________________________

Street _____________________________________________

City _____________________________________________

State _____________________________________________

Zip _____________________________________________

Home Phone: (_____) _______ - _______ Cell Phone: (_____) _______ - _______ Office Phone: (_____) _______ - _______

Emergency Contact: __________________________________________ Phone #: (_____) _______ - _______

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ______ / ______ / _______ Relationship: Spouse_______ Child _______ Partner_______ Other_______

E-mail Address: ____________________________________________________________

Home Address: __________________________________________

Street _____________________________________________

City _____________________________________________

State _____________________________________________

Zip _____________________________________________

Home Phone: (_____) _______ - _______ Cell Phone: (_____) _______ - _______ Office Phone: (_____) _______ - _______

Emergency Contact: __________________________________________ Phone #: (_____) _______ - _______

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ______ / ______ / _______ Relationship: Spouse_______ Child _______ Partner_______ Other_______

E-mail Address: ____________________________________________________________

Home Address: __________________________________________

Street _____________________________________________

City _____________________________________________

State _____________________________________________

Zip _____________________________________________

Home Phone: (_____) _______ - _______ Cell Phone: (_____) _______ - _______ Office Phone: (_____) _______ - _______

Emergency Contact: __________________________________________ Phone #: (_____) _______ - _______