



Raymond B. Preston Health & Activities Center
Alumni Membership Application

NOTE: 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.

Assigned 500#: _____ Name: _____

Date of Birth: ____/____/____ E-mail Address: _____

Home Address: _____
Street City State Zip

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Office Phone: (____) ____-____

Emergency Contact: _____ Phone #: (____) ____-____

Payment Options:

Annual Fee for Single Membership: \$200 NOTE: Annual Fee is for one calendar year. Members will be informed by the Control Desk when your membership is about to expire. Please remember that upon your expiration date, your Preston Center privileges will automatically be deactivated unless membership payment and form have been completed

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.

Semester Fee for Single Membership: \$75 NOTE: Semester fees will not be prorated, nor will members receive a renewal notice. Please remember that upon the last day of the semester, your Preston Center privileges will automatically be deactivated unless membership payment and form for the next semester have been completed.

Semester Fee for Family Membership: \$150 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 \$125 (Fall & Spring) & \$70 (Summer).

_____ Cash _____ Check/Money Order # _____ Credit Card

NOTE: Members will be informed by the Control Desk when your membership is about to expire. 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, 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 Campus Recreation & Wellness, 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: _____

CSI _____ MEMLIST _____ Audit Report _____ LIST SERVE _____ Rev: 8/13/2014

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. 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 _____ (age) 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 _____ (age) 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 _____ (age) 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 _____ (age) Partner _____ Other _____

E-mail Address: _____

Home Address: _____
Street City State Zip

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

Emergency Contact: _____ Phone #: (____) _____ - _____