



Raymond B. Preston Health & Activities Center
ARMY/ROTC Membership Application

NOTE: This membership is for one calendar year. This membership is not eligible for payroll deduction.

WKU ID#: _____ Name: _____

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

Home Address: _____
Street City State Zip

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

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

Table with 2 columns: Salary Range, Yearly Rates. Rows include C < \$17,499 (\$111.00), B \$17,500 - \$44,999 (\$189.00), A > \$45,000 (\$252.00)

NOTE: Spouse rates are same as employee rate. Children under the age of 18 are \$50/year. Children 18 and over will fall under the "Buddy" category.

Annual Fee for Contracted Employee (refer to salary range): _____

Annual Fee for Spouse (refer to employee's salary range): _____

Annual Fee for Children (under 18): \$50/each _____

Children 18 and over: Please refer to the Buddy Membership.

TOTAL LUMP SUM PAYMENT: _____

PAYMENT: Cash _____ Check/Money Order # _____ Inter-Dept _____ Credit Card _____

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

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.

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: _____ (Staff Signature) This is a family member 'membership' 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 #: (____) _____ - _____