



Raymond B. Preston Health & Activities Center
Full-Time Contractor Membership Application

NOTE: Full-time "contracted" employees are 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 3 columns: Salary Range, Yearly Rates, Semester Rates. Includes a note: NOTE: Spouse rates are same as employee rate. Children 18 and over will fall under the "Buddy" category.

Annual Fee for Contracted Employee and/or spouse (refer to salary range): \_\_\_\_\_ NOTE: Annual Fee is for one calendar year. Members will be informed by the Control Desk when your membership is about to expire.

Annual Fee for Children (under 18): \$50/each \_\_\_\_\_ NOTE: Annual Fee is for one calendar year. Members will be informed by the Control Desk when your membership is about to expire.

Semester Fee for Contracted Employee and/or spouse (refer to salary range): \_\_\_\_\_ NOTE: Semester fees will not be prorated, nor will members receive a renewal notice.

Semester Fee for Children (under 18): \$25/each \_\_\_\_\_ NOTE: Semester fees will not be prorated, nor will members receive a renewal notice.

TOTAL LUMP SUM PAYMENT: \_\_\_\_\_

PAYMENT: Cash \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ Inter-Dept \_\_\_\_\_ 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.

I understand and am aware that by using the Preston Center facilities, and services offered by the WKU Department of Campus Recreation & 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.

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: \_\_\_\_\_

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Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: Spouse \_\_\_\_\_ Child \_\_\_\_\_ (age) Partner \_\_\_\_\_ Other \_\_\_\_\_

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