

Raymond B. Preston Health & Activities Center
Full-Time Employee Single Lump Sum Membership Application

NOTE: This membership is for one calendar year.

WKU ID#: _____ Name: _____

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

Home Address: _____
Street City State Zip

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

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

<u>Salary Range</u>	<u>Yearly Rates:</u>
C < \$17,499	\$111.00
B \$17,500 - \$44,999	\$189.00
A > \$45,000	\$252.00

LUMP SUM PAYMENT: _____

_____ 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.

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 _____