

Raymond B. Preston Health & Activities Center
Retiree Membership Application

IMPORTANT NOTE: This category may no longer be able to use their WKU 800# and will be assigned a Preston Only Number and ID.

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: \$125 _____ 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.

Semester Fee: \$50 _____ 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.

Spouse rates are the same as employee rate: Annual Fee \$125 _____ **Semester Fee: \$50** _____

Children and Grandchildren (under 18): Annual Fee \$50/each _____ **Semester Fee: \$25/each** _____

Children 18 and over: Annual Fee \$300/each _____ **Semester Fee N/A**

NOTE: All members must have an ID to enter the building. There is a \$10 charge for all Preston Center ID's. Non-employees are eligible for the "Preston Only" Parking Permit available through Parking & Transportation.

TOTAL LUMP SUM PAYMENT: _____

Payment: _____ Cash _____ Check/Money Order # _____ Credit Card

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

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 _____

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 #: (____) _____ - _____