

Hilary J. Boone Center
at the
University of Kentucky

500 Rose Street Lexington, KY 40506-0014
Phone: (859) 257-1133 Fax: (859) 257-3568

**UK College/Department/Unit
Membership Application**

University College / Department / Unit: _____

Campus Address: _____

Dean / Director: _____
(Name) Last First MI

Responsible Business Officer: _____
(Name) Last First MI

Phone #: _____ *Fax #:* _____

Email address: _____ *Dept. #:* _____

Primary Billing Account #: _____

Discretionary Spending Account #: (Required) _____

Note: This account will only be charged on a default basis when a reservation request for is not provided and business purpose is not explicit.

A UK College/Department/Unit Membership requires a minimum level of approval of Dean, Director or Administrative Officer. Services provided by the Hilary J. Boone Center under such membership will be billed in strict accordance with the University of Kentucky's "Discretionary Expenditure Policy."

I, the undersigned, approve this application as completed and authorize the Hilary J. Boone Center to bill for all services provided in accordance with University of Kentucky policies.

Signature: _____ *Date:* _____

Signature of Dean, Director or Administrative Officer (REQUIRED)

Please indicate the number of Membership ID Cards requested: _____

Questions concerning membership should be directed to Sandra Burton at (859) 257-1133.