

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 Faculty/Staff Membership Application

Name of Applicant: _____
Last First MI

Employee ID #: _____

College / Department of Employment: _____

Campus Address: _____

Campus Phone #: _____ Email Address: _____

Home Address (Billing Address): _____
Number Street
City State Zip Code

I hereby apply for an Individual Membership with The Hilary J. Boone Center at the University of Kentucky. Enclosed is my \$100.00 initiation fee and I agree to pay monthly membership fees of \$20.00 per month. I understand the membership fees will commence on the first day of the month immediately following the acceptance of my application and they will be assessed and billed on the first of each month thereafter. I further understand that the membership fees only entitle me to an Individual Membership and that I will be charged for all services on a fee for service basis. I certify that I understand the terms and conditions of the membership and that failure to abide by payment terms and rules of the Hilary J. Boone Center may result in membership cancellation.

Signature: _____ Date: _____

Complete the attached authorization form following this page to have your monthly membership dues paid by University of Kentucky payroll deduction (mandatory).

Check the number of Membership ID Cards requested: 1 2

Please make checks payable to the University of Kentucky.
Questions concerning membership should be directed to Sandra Burton at (859) 257-1133.

Hilary J. Boone Center
**Authorization for Payroll Deduction
(Mandatory)**

Name. _____
Last First MI

Activity: New _____ Change _____ Termination _____

Deduction Amount \$ _____ per month

Effective Date ____/____/____ *SS #* ____ - ____ - ____

Check how often you are paid: Bi-weekly _____ monthly _____

Authorized Signature: _____



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