



UNIVERSITY OF KENTUCKY  
ASSOCIATION OF EMERITI FACULTY, INC.  
*www.uky.edu/UKAEF*

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## MEMBERSHIP APPLICATION

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NAME: \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

ZIP+4: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS (**please include**, if you have one):

\_\_\_\_\_

**Yearly Dues are \$35 (includes spouse or partner)**

**CHECK ONE:** New member \_\_\_\_\_ Renewal \_\_\_\_\_

**MY CONTRIBUTION TO THE FELLOWSHIP FUND\*\$** \_\_\_\_\_

**(CHECK ONE)** in memory of \_\_\_\_\_ in honor of \_\_\_\_\_ Name: \_\_\_\_\_

*\*Make check for membership dues and /or fellowship donation payable to  
UK Association of Emeriti Faculty (UKAEF).*

*Mail form and check(s) to: UKAEF, c/o Casie Clements, 4812 Trillium Pl., Lexington, KY 40514-1410*