

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 Fellow Membership Application

Name of Applicant: _____
Last First MI

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

Phone #: _____ Fax #: _____ Email address: _____

I hereby apply for an individual UK Fellow Membership with The Hilary J. Boone Center at the University of Kentucky. Enclosed is my initiation fee of \$ ____ (select appropriate amount from the table below) and I agree to pay the corresponding monthly fee if applicable. 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 entitle me to membership only and that I will be charged for all services on a fee for service basis.

Residents are defined as those people living in Fayette County and contiguous counties (Bourbon, Scott, Clark, Jessamine, Woodford, Madison).

<u>Category</u>	<u>Initiation Fee</u>	<u>Monthly Fee</u>
Resident	\$100.00	\$20.00
Non-Resident	\$50.00	\$5.00

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: _____

Check the number of Membership ID Cards requested: 1 2

Please make checks payable to the University of Kentucky. For Questions concerning membership, please call (859) 257-1133.