

UK CAFE ALUMNI ASSOCIATION

# MEMBERSHIP FORM

Please complete the following form and mail with payment. Thank you!

Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

This is a:  New Membership  Membership Renewal

Membership Type (please select):

- |   |  |
|---|--|
| <input type="checkbox"/> One Year Membership <b>\$15.00</b>   | <input type="checkbox"/> One Year Membership (\$15.00) + Spouse (\$7.00) <b>\$22.00</b>                                      |
| <input type="checkbox"/> Lifetime Membership <b>\$200.00</b>  | <input type="checkbox"/> Lifetime Membership (\$200) + Spouse (\$155) <b>\$355.00</b>  |
| <input type="checkbox"/> Lifetime Partial Payment Membership <b>\$80.00</b><br>(\$80.00/year over three years = \$240.00) | <input type="checkbox"/> Spouse Lifetime Partial Payment Membership <b>\$60.00</b><br>(\$60.00/year over 3 years = \$180.00) |

Gift Donation: I would like to donate \$ \_\_\_\_\_ toward the area of \_\_\_\_\_

Payment Method (please select):

- Checks payable to: Ag & HES Alumni Association  
 Credit Card: Visa MC Discover AMEX

Name (as it appears on the card): \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ **\*\$4.00 processing fee**

Send this form with payment to:  
UK CAFE Alumni Association  
P.O. Box 21925  
Lexington, KY 40522-1925



*It starts with us*