



UNIVERSITY OF KENTUCKY
ASSOCIATION OF EMERITI FACULTY, INC.
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MEMBERSHIP APPLICATION

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