



Barbers Hill Independent School District

**Eagle Pointe Golf Club
District Registration Form**

**Annual District Contribution for Participating:
\$240.00**

Employee Name (Printed)	Date
Campus or Department	Current Position

Please check one of the following: (Note: Family includes spouse and dependents 24 and under)

New Member – Individual	<input type="checkbox"/>	Current Member – Individual	<input type="checkbox"/>
New Member – Family	<input type="checkbox"/>	Current Member – Family	<input type="checkbox"/>

Information for New BHISD Members:

The annual cost of an Individual Eagle Pointe Golf Club Membership is \$600.00, and this will be billed to the District. The district will pay the entire \$600.00 to Eagle Pointe Golf Club, and will recoup the employee’s portion of \$360.00 through payroll deduction. The deduction of \$15.00 per pay period will begin on the 15th of the month following the execution date of the Employee Participation Agreement included in this District Registration Form.

The annual cost of a Family Membership is \$840.00. The district will pay the entire \$840.00 to Eagle Pointe Golf Club, and will recoup the employee’s portion of \$600.00 through payroll deduction. The deduction of \$25.00 per pay period will begin on the 15th of the month following the execution date of the Employee Participation Agreement included in this District Registration Form.

Employee Participation Agreement
Eagle Pointe Golf Club

Please initial after each statement and sign and date at the bottom of the form.

RETURN FORM TO: Kimberly Flores @ BHISD Admin Bldg.

Registration Instructions: Complete this form and return to Kimberly Flores @BHISD Admin Bldg. Upon receipt of the completed form, Kimberly Flores will email you a letter, with your BHISD member number, to take to Eagle Pointe Golf Club to complete the registration process. **DO NOT** take this form to Eagle Pointe. Thank you.

_____ I understand that BHISD will pay \$240.00 of the annual membership fee on my behalf.

_____ I hereby authorize BHISD to withhold \$15.00 per pay period for my \$360.00 portion of the Individual Membership fee which has been paid by BHISD in advance of my behalf. If my employment with BHISD ends, for any reason, during my Eagle Pointe Golf Club membership year, I hereby authorize BHISD to deduct from my final paycheck all pro-rated membership fees that have been paid by the District to Eagle Pointe Golf Club in advance on my behalf.

_____ I hereby authorize BHISD to withhold \$25.00 per pay period for my \$600.00 portion of the Family Membership fee which has been paid by BHISD in advance of my behalf. If my employment with BHISD ends, for any reason, during my Eagle Pointe Golf Club membership year, I hereby authorize BHISD to deduct from my final paycheck all pro-rated membership fees that have been paid by the District to Eagle Pointe Golf Club in advance on my behalf.

_____ I understand that this agreement cannot be cancelled during my membership year.

_____ I understand that this is a taxable Employee Benefit and any applicable taxes on the \$240.00 benefit will be withheld.

_____ I understand that participation is optional and that BHISD is not responsible for any illness, accident, or injury that may result from my participation in this program.

_____ I understand that either the \$15.00 per-pay-period payroll deduction or \$25.00 per-pay-period deduction will begin on the 15th of the month following the date recorded below.

For office use only
Membership number: _____
Date received: _____