

Eagle Trace at Morehead State University

Payroll Deduction Membership Form

Thank you for your membership interest in Eagle Trace at Morehead State University through payroll deduction. Please complete this form and return to the Pro Shop at the golf course.

Employee Information	
Name (Last, First, Middle)	Social Security Number
Home Address	Campus Address and Phone
Duration and Timeline of Deduction	
☐ This is a new deduction. I have no current golf membership deduction.	
☐ This is a change in my current deduction. Please consider the deduction on this form as a replacement.	
☐ I am a full year employee (12 months) Or	☐ I am an academic year employee ☐ nine months ☐ ten months
 □ This is an indefinite membership deduction. (Automatic Annual Renewal) Please renew my membership automatically each year unitl I instruct otherwise. □ Please contact me when it is time to renew. Please send me a written notice when it is time to renew my pledge. At that time I will notify the golf course regarding changes or termination. 	
Please begin my deduction on/ Please end my deduction on//	
Membership Information	
 ☐ Membership is for the employee named above ☐ Membership is for spouse or dependent child Name(s)	
☐ Presidential membership ☐\$800 annually sing Allows play anytime 7 days per week, in	gle \(\sum \\$ 1,000 \) annually family (Pease attach family names) including cart
☐ Eagle membership ☐\$500 annually sing Allows play Mon-Thur only and weeker	gle \$\square\$ \\$ 700 annually family (\textit{Please attach family names}) and play for \$20 each round including cart
Authorization	
By completing and signing this form, I hereby authorize the above deductions from my payroll checks. I further authorize the University to transfer these deductions to the Eagle Trace memberships account to be utilized for the membership listed above. These membership deductions are non-refundable.	
	Date