



**Mabank ISD**  
**Employee Wellness Center**  
**Membership Form**



**Employee Contact** (person responsible for the account)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Campus: \_\_\_\_\_

School E-mail: \_\_\_\_\_

**Additional Family Members (high school and above)\***

First Name	Last Name	M/F	Age	Date of Birth	Relationship to Employee
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	

\*I acknowledge that the individuals listed here are permanent residents of my household. \_\_\_\_\_

**Membership Type**

Employee \$20/mo

Employee + 1 \$30/mo

Family \$40/mo

Months of Deduction thru July x\_\_\_\_\_

Activation Fee (if new member) + \$20\_\_\_\_\_

Total Deduction current month thru July =\$\_\_\_\_\_

I have reviewed the above information, represent it to be accurate, and authorize Mabank ISD to deduct \_\_\_\_\_ from my monthly paycheck thru July.

Rates are subject to change on August 1 of each year. Notification of the rate charges will be made to employees prior to the end of the current school year

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by MISD Business Office

\_\_\_\_\_  
Date

