



BOPDHB Staff Wellness Centre SWEAT Associate Membership Form

Please use this form to apply for or cancel your membership

Please complete and email to: staff.wellness@bopdhb.govt.nz

SITE: (please select) Tauranga Hospital Whakatane Hospital

Employee Name: _____
(Surname) (First names)

Employer: _____

Email: _____ Contact no: _____

If applying for Buddy membership: (Requires \$20.00 joining fee)

Buddy's Name: _____
(Surname) (First names)

FOR APPLICANT TO COMPLETE: (please select)

- Please find attached my payment of \$546 (12 month sweat associate membership)
- Please find attached my payment of \$273 (6 month sweat associate membership)
- I will set up an automatic payment for \$21 per fortnight (sweat associate membership)
- Please find attached my payment of \$1092 (12 month sweat associate & buddy membership)
- Please find attached my payment of \$546 (6 month sweat associate & buddy membership)
- I will set up an automatic payment for \$42 per fortnight (sweat associate & buddy membership)
- Please **cancel** my membership

To help continue the improvement of our service, please tell us why you are choosing to cancel your membership (if applicable): _____

All payments can be made by cash, cheque or direct credit into the following account.

Please state your name in the reference field when paying by direct credit.

Bank/Organisation:	Westpac	Account name:	Wellness Systems Group Ltd
Account Number:	03 0435 0761984 000		
	Bank Branch Account no. Suffix		

Please read and sign the following statement

I understand that SWEAT will take no responsibility for any injury caused to members whilst using the facility and equipment. I accept total responsibility and agree to use the facility and all equipment safely and in accordance with SWEAT guidelines. I take responsibility for educating myself about using the equipment properly and appropriately in order to avoid injury. I have read and understand the SWEAT rules and regulations and agree to abide by them.

Employee Signature: _____ Date: _____

Buddy Signature: _____ Date: _____

Membership can only be terminated once the below details have been completed by a SWEAT committee member

SWEAT COMMITTEE MEMBER TO COMPLETE:

Existing Member: Yes / No Membership no: _____ Buddy ID card no: _____

Committee Member Name/Signature: _____ Date: _____