



# BOPDHB Staff Wellness Centre SWEAT Staff & Buddy Membership Form

Use this form to apply for or cancel your membership

Please complete and email to: [staff.wellness@bopdhb.govt.nz](mailto:staff.wellness@bopdhb.govt.nz) or send to: Marcus Vercoe, SWEAT Manager C/- First floor, Pohutukawa house, Tauranga Hospital.

SITE: (please select)  Tauranga Hospital  Whakatane Hospital

Employee Name: \_\_\_\_\_ Employee no: \_\_\_\_\_  
(Surname) (First names)

Email: \_\_\_\_\_ Contact no: \_\_\_\_\_

Position/Department: \_\_\_\_\_ Staff ID card no: \_\_\_\_\_  
(5 digit no. on reverse side of your ID card)

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

Buddy's Name: \_\_\_\_\_  
(Surname) (First names)

## FOR HOSPITAL STAFF TO COMPLETE: (please select)

- Please make a **fixed deduction** each pay day (fortnightly) of \$14 (staff membership)
- Please make a **fixed deduction** each pay day (fortnightly) of \$35 (staff & buddy membership)
- Please **cancel** my pay deduction of \$14 each pay day (staff membership)
- Please **cancel** my pay deduction of \$35 each pay day (staff & buddy membership)

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

## THIS AUTHORITY WILL APPLY FROM THE NEXT PAY PERIOD POSSIBLE

I hereby authorise and request Bay of Plenty District Health Board (the Organisation) to deduct and remit to SWEAT, the stated amount above from payments for salary, wages or other payments which may from time to time become due to me. I agree that the payslip given by the Organisation shall be sufficient evidence of payment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR ALL APPLICANTS TO COMPLETE:

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: \_\_\_\_\_