



## BOPDHB Staff Wellness Centre Student Membership Form

*Please use this form to apply for sweat membership*

Please complete and email to: [staff.wellness@bopdhb.govt.nz](mailto:staff.wellness@bopdhb.govt.nz)

SITE: (please select)  Tauranga Hospital  Whakatane Hospital

Student Name: \_\_\_\_\_  
(Surname) (First names)

Department/Institute: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

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

### Please read and sign the following statement:

I agree to set up an automatic payment for \$14 per fortnight, and that my membership will start on receipt of the first payment.

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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Below are the account details for SWEAT membership – please remember to add your name as the reference for payment.**

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

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

### COMMITTEE MEMBER TO COMPLETE:

Existing Member: Yes / No ID card no: \_\_\_\_\_ Amount received: \$ \_\_\_\_\_

Committee Member Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_