



# FULL MEMBERSHIP

for Employees of our Constituent Companies



HEALTHCARE AND LEISURE

Both membership categories include:  
Access to **BAWA Sports & Leisure facilities**. Opportunity to join **Medicare** and enter the **BAWA Prize Draw Lottery**

## FULL MEMBERSHIP PACKAGE

### What do you get?

Cash-back for everyday healthcare expenses  
Medical fees benefit, dental, spectacles and many more

**FULL BENEFITS LIST ENCLOSED**

Tick box

or

## SPORTS PACKAGE

### What do you get?

Cash-back from Sports type benefits  
Comprising – treatments for sport related injuries  
(Physiotherapy, Chiropractic, Osteopathy,  
Remedial & Sports Massage)

Tick box

### PLEASE COMPLETE IN BLOCK CAPITALS

#### Member Details

Title Forename(s) Surname Date of Birth / /  
Home address Postcode  
Tel No. Email  
Have you previously held BAWA Full Membership?  Yes  No If yes, please state your old Membership/Clock Number \_\_\_\_\_

#### Employment Details

Company Payroll/Clock No.  
Work Tel Frequency of Pay

### FILL IN THIS SECTION FOR FULL MEMBERSHIP ONLY. FOR SPORT MEMBERSHIP GO TO SECTION 4

#### Qualifying Relatives

Please give details below for any qualifying relative/children you wish to register with BAWA

Qualifying Relative: Full Name Relationship Date of Birth / /  
Qualifying Child 1: Full Name Relationship Date of Birth / /  
Qualifying Child 2: Full Name Relationship Date of Birth / /

#### Additional Services

I enclose a completed application form for additional Medicare cover (Available on-line or by request from BAWA).

I wish to have \_\_\_\_\_ entry/s at £2.99 per 2 number entry per month in BAWA Prize Draw Lottery.

**It is the members responsibility to inform BAWA Healthcare & Leisure of any changes to employment, qualifying relatives, address or other personal details - failure to do this may effect future claims**

#### Declaration

Return completed form to: **BAWA, 589 Southmead Road, Filton, Bristol, BS34 7RG**

I would like to become a full member of BAWA Healthcare and Leisure at a cost of £\_\_\_\_\_ per month (please insert price quoted)  
I undertake to observe the rules of BAWA Healthcare and Leisure as set out by the constitution. I authorise for my BAWA membership to be paid via payroll deduction  
Signed \_\_\_\_\_ Dated \_\_\_\_\_

Did you attend an Induction Day  V  S  Where did you hear about BAWA? \_\_\_\_\_

589 Southmead Road, Filton, Bristol, BS34 7RG  
Telephone: 0117 976 8064 Rolls-Royce: 96831 Airbus-BAE: 62361 Fax: 0117 976 8064  
Email: office@bawabristol.org Website: www.bawa.biz

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