



# NON PAYROLL DEDUCTED MEMBERSHIP



HEALTHCARE AND LEISURE

### Includes:

Cash-back for everyday healthcare expenses • Access to BAWA Sports & Leisure facilities  
Opportunity to join Medicare • Opportunity to enter BAWA Prize Draw Lottery

### PLEASE COMPLETE IN BLOCK CAPITALS

<b>Member Details</b>			
Title	Forename(s)	Surname	Date of Birth / /
Home address			Postcode
Tel No.	Email	Membership No	NP
Have you previously held BAWA Full Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state your old Membership/Clock Number _____			

<b>Qualifying Relatives</b> Please give details below for any qualifying relative/children you wish to register with BAWA			
Qualifying Relative: Full Name			Date of Birth / /
Qualifying Child 1: Full Name			Date of Birth / /
Qualifying Child 2: Full Name			Date of Birth / /

<b>Additional Services</b>
<input type="checkbox"/> I enclose a completed application form for additional Medicare cover (Available on-line or by request from BAWA).
<b>I wish to have _____ entry/s at £2.99 per 2 number entry per month in BAWA Prize Draw Lottery.</b>

**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**

<b>Declaration</b>	
I would like to join BAWA Healthcare and Leisure at a cost of £20.50 per month. I understand that membership and any additional services (Prize Draw / Medicare) will be paid by monthly Direct Debit. I undertake to observe the rules of BAWA Healthcare and Leisure as set out by the constitution	
Signed _____	Dated _____
<b>Return completed form to: BAWA, 589 Southmead Road, Filton, Bristol, BS34 7RG</b>	

### THE SECTION BELOW MUST BE COMPLETED AND RETAINED FOR YOUR RECORDS PLEASE FILL IN THE SECTIONS MARKED IN PINK

**Originators Identification No.:** 948682      **Originators Name:** BAWA Healthcare and Leisure  
**Payers Account Name:** \_\_\_\_\_ (Members Name)      **Payers reference No.:** \_\_\_\_\_ (Membership No. stated above)

Direct Debit deductions for BAWA membership are monthly deductions payable on or immediately after 1st of each month.  
**Deductions will start 1st \_\_\_\_\_ (month following application).**

Monthly deductions will be calculated in accordance with the prices below:

**Membership: £20.50    Prize Draw: £2.99** (Per 2 number entry)    **Medicare:** I Adult: **£59.25**    I Child: **£21.95**    I Adult over 65 **£160.00**

The advance notice period given to all payers with regard to the introduction of Direct Debit payments and any future changes will be at least 10 days. For enquiries contact the BAWA Membership Department on 0117 976 8064

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

Authorised and regulated by the Financial Services Authority

NPD/1/11



HEALTHCARE AND LEISURE

# Instruction to your Bank or Building Society to pay Direct Debits



Please fill in the whole form using a ball point pen and send it to:  
**BAWA Healthcare and Leisure, 589 Southmead Road, Filton, Bristol, BS34 7RG**

### Name(s) of Account Holder(s)

### Originator's Identification Number

9	4	8	6	8	2
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### Reference Number

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### Bank/Building Society Account Number

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### Branch Sort Code

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### Name & full postal address of your Bank or Building Society

To: The Manager
Bank/Building Society
Address
Postcode

For BAWA Healthcare and Leisure OFFICIAL USE ONLY  
This is not part of the instruction to your Bank or Building Society

### Instruction to your Bank or Building Society.

Please pay BAWA Healthcare and Leisure direct debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with BAWA Healthcare and Leisure and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and building societies may not accept direct debit instructions for some types of account



This Guarantee should be detached and retained by the payer

## The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit BAWA Healthcare and Leisure will notify you at least ten working days in advance of your account being debited or as otherwise agreed. If you request BAWA Healthcare and Leisure to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by BAWA Healthcare and Leisure or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when BAWA Healthcare and Leisure asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

