



FULL MEMBERSHIP

for Employees of our Constituent Companies

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



HEALTHCARE AND LEISURE

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

OR

RECREATIONAL MEMBERSHIP

What do you get?

Membership with NO benefits
 Access BAWA and Social facilities and to join clubs affiliated to BAWA.

No payroll deductions taken for this category, contact our Sports Reception to apply pay and receive your membership card.

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

PLEASE COMPLETE IN BLOCK CAPITALS

1. 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 _____

2. 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

3. 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 / / _____

4. 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 £4.33 per 4 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 so may affect 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 www.facebook.com/BawaBristol

Authorised and registered by the Financial Conduct Authority and Prudential Regulation Authority.



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.