



Co. Reg. No.: RT/12780

Matsapha Health Care C  
 Matsapha Crescent  
 Opposite YKK Building  
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## APPLICATION FOR SWABCHA MEMBERSHIP

<b>1. New membership</b>	<b>2. Renewal of membership</b>	<b>3. Donation</b>
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### COMPANY DETAILS

4.Name of business applying for membership			
5.Main contact person & position			
6.Date business established/registered			
7.Name and contact details of Directors/CEO/General Manager			
8.Description of Business (main activities of the business)			
9.Total number of employees (include all staff)			
10.Contact Details	Postal Address	Physical Address	Landline # :  Cell-phone # :  Fax # :  Email address :

### 11. MEMBERSHIP PACKAGES

SERVICES	PREMIUM PACKAGE	STANDARD PACKAGE	BASIC PACKAGE	ECONOMY PACKAGE
<b>COST PER YEAR</b>	<b>100,000.00</b>	<b>70,000.00</b>	<b>40,000.00</b>	<b>25,000.00</b>
1. Wellness Policy Development/Review	5 days	4 days	3 days	2 days
2. Annual Implementation Plan Development	2 days	2 days	2 days	2 days
3. Free Condom delivery on request	6 times	6 times	4 times	4 times
4. Facilitated Management & Staff Health Dialogues	8 days	5 days	4 days	2 days
5. Mobile Wellness Clinic- Glucose/Cholesterol/HTC/TB/BP	8 days	7 days	4 days*	4 days*
6. Social Counselor visits	6 days	3 days	2 days	1 day
7. Facilitated sports/aerobics day	6 days	4 days	1 day	1 day
8. Training & Mentoring of Peer Educators	8 days	6 days	5 days	5 days
9. Best of Bests Annual Dinner	16 seats	8 seats	4 seats	2 seats
10. Annual Peer Educator day	8 seats	6 seats	4 seats	2 seats
11. Annual Tuberculosis Day	8 seats	6 seats	4 seats	2 seats
12. Wellness Program Review Meetings	2 seats	2 seats	2 seats	2 seats

**\*Mobile Clinic does not include Glucose and Cholesterol for Basic & Economy Packages**

**12. METHOD OF PAYMENT:**

Electronic Bank Transfer       Cheque       Cash

**13. SWABCHA BANKING DETAILS:**

Reference: *Your Company Name*

**Bank:** Standard Bank  
**Branch Code:** 66316442  
**Account Name:** SWABCHA

**Branch:** Mbabane  
**Account Number:** 0140084739101  
**Account Type:** Current Account

**14. COMPANY SIGNATORY**

**SWABCHA SIGNATORY**

**FULLNAME:** .....

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**POSITION HELD:** .....

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**SIGNATURE:** .....

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**DATE:** .....

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**TERMS OF MEMBERSHIP**

- ❖ Membership fees are renewable annually.
- ❖ SWABCHA's financial year runs from July to June.
- ❖ Member forfeits use of services at the end of each financial year
- ❖ Termination of membership to be communicated in writing, 6 months prior to the end of SWABCHA's financial year.