

PAYMENT AUTHORISATION

The College accepts payment by Cheque, Money Order, Bankcard, Mastercard or Visa only.

ALL PAYMENTS MUST BE IN AUSTRALIAN DOLLARS

Full Name of Applicant: _____ RCPA ID No: _____

Daytime contact phone no. or e-mail: _____

I wish to authorise my payment for:

Initial registration fee	AUD \$ _____
Annual training fee (Year _____)	AUD \$ _____
Mailings/Deferment fee (Year _____)	AUD \$ _____
Retrospective fees	AUD \$ _____
Late annual registration fee(s)	AUD \$ _____
Late exam application fee(s)	AUD \$ _____
Exam fee: Basic Pathological Sciences	AUD \$ _____
Examination fee Part I	AUD \$ _____
Examination fee Part II	AUD \$ _____
Other Examination fees: _____	AUD \$ _____
Examination Withdrawal(s)	AUD \$ _____
OTS/AON Assessment fee	AUD \$ _____
Training Determination fee	AUD \$ _____
Peer Review Assessment Fee	AUD \$ _____
Replacement Certificate	AUD \$ _____
TOTAL AMOUNT	AUD \$ _____

(Please tick one): Cheque Money Order A/E Visa MasterCard

Card Number: Expiry: ____/____

Full name on card: _____

Signature of Cardholder: _____

Preferred contact of Cardholder: _____

