

Your Health "Mind

Instalment payment application form

RANZCP Fellows (in Australia and New Zealand) may apply to pay their annual membership subscriptions via four instalments throughout the subscription year.

Applications may be made for the current subscription year only.

An administrative fee of \$95 (AUD/NZD) is payable at the time of application.

Any Faculty and Section subscriptions (see page 2) must also be paid at the time of application.

To apply, please complete this form and return by mail to RANZCP Finance Department, 309 La Trobe Street, Melbourne VIC 3000.

Applications are due by Friday 28 February 2025.

Applicant name	
RANZCP Member ID	
Contact telephone number	

Payments will be automatically deducted from your nominated credit card on the following dates.

Please ensure that funds are available at these times.

AUD/NZD (inc. GST)

FIRST INSTALMENT	31 March 2025	\$737
SECOND INSTALMENT	30 May 2025	\$737
THIRD INSTALMENT	31 July 2025	\$737
FOURTH INSTALMENT	30 September 2025	\$737

RANZCP Finance Department 309 La Trobe Street, Melbourne VIC 3000 Tel: +61 (0)3 9236 9152 Please select below your Faculty and Section subscriptions for 2025.

Payment of these subscriptions will be processed when the instalment application is received.

Fee AUD/NZD	Amount	
\$98	\$	
\$98	\$	
\$196	\$	
\$98	\$	
\$122	\$	
\$98	\$	
\$98	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$61	\$	
\$73	\$	
Total for Faculty and Section subscriptions		
Instalment payment administration fee		
TOTAL TO BE PAID AT TIME OF APPLICATION		
	\$98 \$98 \$196 \$98 \$122 \$98 \$98 \$98 \$98 \$98 \$61 \$61 \$61 \$61 \$61 \$61 \$61 \$61 \$61 \$61	

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Credit card details (Mastercard and Visa only)					
Card number:	Expiry date:	_/			
Name on card:					
By applying I give my consent for the RANZCP to charge the instalments on agreed dates using the credit card details provided for this purpose. By applying, I acknowledge that I have read and agree with the RANZCP <u>Fellow Billing Terms and Conditions</u> .					
Signature:					
Date:					