



Payment details

Application fee: \$300 incl. GST

Electronic funds transfer or bank deposit

Account Name: Australian Physiotherapy Association

Bank: National Australia Bank

BSB: 083 170 Account Number: 489 250 709

Customer reference number: [Titling practice area and your APA member ID]

PLEASE NOTE: If you are using this payment option, we need to be able to trace your transaction so please be sure to quote this customer reference number.

Charge my credit card

Applicant:

Phone: Email:

Card Type Amex Master Card Visa Expiry date:/...../.....

Card number:/...../...../..... CVV:

Name on card:

Signature:

Enquiries

Email: ng.title@australian.physio

phone: +61 3 9092 0888

fax: + 61 3 9092 0899

Address:

Australian Physiotherapy Association

Level 1, 1175 Toorak Road, Camberwell, VIC 3124

or

PO Box 437 Hawthorn BC, VIC 3122 Australia