



# Titling Program Payment Form

## Payment details

- Application fee: \$300 incl. GST
- Evidence Portfolio fee: \$1,400 incl. GST
- Clinical Practical Assessment fee: \$1,400 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 name:.....  
Phone: ..... Email: .....  
Card Type:  Amex  Master Card  Visa  
Expiry date: ...../.....  
Card number:...../...../..... CVV: .....  
Name on card:.....  
Signature:.....

## Enquiries

Email: [ng.title@australian.physio](mailto: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