

PAYMENT FORM

Name _____

Registration Number: _____

Tick an Option(s)

<input type="checkbox"/>	Services	Amount (incl GST)	
<input checked="" type="checkbox"/>	Services		
<input type="checkbox"/>	Application to register (New Zealand Graduate)	315.00	
<input type="checkbox"/>	Application to register (Overseas Graduate)	425.00	
<input type="checkbox"/>	Application to registrar (TTMRA)	315.00	
<input type="checkbox"/>	Application to add a further scope of practice	170.00	
<input type="checkbox"/>	Application to register in a trainee scope of practice	170.00	
<input type="checkbox"/>	An addition or alteration to the Register maintained by the board	100.00	
<input type="checkbox"/>	Application for a practising certificate	275.00	
<input type="checkbox"/>	Copy of Registration Certificate	43.00	
<input type="checkbox"/>	Supply to any medical radiation technologist of a copy of any entry in the Register	40.00	
<input type="checkbox"/>	Supply to any business of a copy of any entry in the Register	400.00	
<input type="checkbox"/>	Letter of good standing	100.00	
<input type="checkbox"/>	REA Examination Fee	2000.00	
Amount Total \$			

Medical Radiation Technologists Board GST No. 73-081-092

PAYMENT DETAILS

All fees must be paid in New Zealand dollars (NZ\$) by bank draft, New Zealand trading bank cheque or credit card. Your application cannot be processed if payment is received in a foreign currency.

Enclosed is my cheque / bank draft for NZ\$ _____ made payable to the **“New Zealand Medical Radiation Technologists Board”**

Credit Card: Please debit my (tick one) Visa Mastercard

Card Number

Expiry Date _____ Amount (NZ\$) _____

Cardholder's Name _____

Cardholder's Signature _____