Payment for: APD Application Fee

Initial application ($50.00)

*(DA Internal Use Only: Account Code: 4-4110 Job Code: 20 ACCRED)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DA Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHEQUE**

Please complete cheque (AUD $50.00), made payable to ‘Dietitians Australia’.

Please send cheque with this completed form via mail to the address below.

**CREDIT CARD**

|  |  |
| --- | --- |
| Amount of payment: AUD $50.00 Cardholder’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Credit card (tick one box only) Expiry date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please debit my:  Mastercard  Visa | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Credit card number |
| Note: American Express will not be accepted | Cardholder’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send this completed form to the APD Administrator via

Email: [apd@dietitiansaustralia.org.au](mailto:apd@dietitiansaustralia.org.au) or

Mail: Dietitians Australia, PO Box 2087 WODEN ACT 2606

**Please note:** If you are accepted into the APD Program via the Alternate Process or Resumption of Accredited Practice Program additional fees will be charged.

* Alternate Process: $100
* Resumption of Accredited Practice: $200

I agree that if further payment is required you can charge the additional fee to the credit card provided above ***OR***

I will forward a cheque with the outstanding balance required

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_