

2024 Fellowship Subscription

Instalment payment application form



RANZCP Fellows (in Australia and New Zealand) may apply to pay their annual membership subscriptions via 4 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.

Return by **postal mail only** to:

RANZCP Finance Department
309 La Trobe Street, Melbourne VIC 3000

Applications are due by Thursday 29 February 2024.

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)

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FIRST INSTALMENT	28 March 2024	\$676.25
SECOND INSTALMENT	31 May 2024	\$676.25
THIRD INSTALMENT	31 July 2024	\$676.25
FOURTH INSTALMENT	30 September 2024	\$676.25

Please select below your Faculty and Section subscriptions for 2024.

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

Faculty	Fee AUD/NZD	Amount
Addiction Psychiatry	\$90	\$
Adult Psychiatry	\$90	\$
Child and Adolescent Psychiatry	\$180	\$
Consultation–Liaison Psychiatry	\$90	\$
Forensic Psychiatry	\$112	\$
Psychiatry of Old Age	\$90	\$
Psychotherapy	\$90	\$
Section		
Child and Adolescent Forensic Psychiatry	\$56	\$
Electroconvulsive Therapy and Neurostimulation	\$56	\$
Leadership and Management	\$56	\$
Neuropsychiatry	\$56	\$
Perinatal and Infant Psychiatry	\$56	\$
Philosophy and Humanities	\$56	\$
Private Practice Psychiatry	\$56	\$
Psychiatry of Intellectual and Developmental Disabilities	\$56	\$
Rural Psychiatry	\$56	\$
Social, Cultural and Rehabilitation Psychiatry	\$56	\$
Youth Mental Health	\$67	\$
Total for Faculty and Section subscriptions		\$
Instalment payment administration fee		\$95
TOTAL TO BE PAID AT TIME OF APPLICATION		\$

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 [Fellow Billing Terms and Conditions](#).

Signature: _____

Date: _____