



Royal College of  
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Ensuring Continued Trust

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**PLEASE PRINT**

**NAME**

SURNAME: \_\_\_\_\_ GIVEN NAMES IN FULL: \_\_\_\_\_

**ADDRESS**

STREET: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TEL: \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**AMOUNT TO BE CHARGED:** \$ \_\_\_\_\_

**PLEASE COMPLETE THIS SECTION FOR METHOD OF PAYMENT**

You may elect to pay your fees by any one of the following methods:

**A) Certified Cheque or Money Order.**

**B) Credit Card.** If you pay by credit card, the form below must be completed. While we are pleased that we are able to accept payment by credit card, we are unable to do so by telephone.

CERTIFIED CHEQUE     MONEY ORDER     VISA     MASTERCARD     AMERICAN EXPRESS

CREDIT CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

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