FORM

Payment Plan Application Form

Purpose

This form is to seek approval for a change to fee payments. It is applicable to members who are experiencing financial hardship. The application is subject to approval and you will be notified of the outcome within 14 days of the date of the application for a payment plan.

Are you an ACRRM registrar?
If 'Yes' please email the completed form to training@acrrm.org.au
If 'No' please email the completed form to membership@acrrm.org.au

(Provide details below)

Member Name	
ACRRM Membership Number	
Registrar Training Pathway (if applicable)	AGPT ☐ RGTS ☐ RVTS ☐ IP ☐

What are you seeking?

Fee type	Membership ☐ IP Education Program Training ☐ IP Training Support ☐ Assessment ☐ Study Groups ☐
Assessment type (if required) Type and date range eg CGT StAMPS 18-19 Oct 25	
Fee Amount	
Payment Plan Requested	Yes ☐
Proposed Payment Plan (include dates and amounts)	
Other Payment Plans in place	
Late Payment Requested	Yes ☐
Proposed payment date	

Additional Details

Please provide additional details as to why the request is being made.

Applicant Signature	
Application Date	

FOR OFFICE USE ONLY

Recommended (insert recommendation and any relevant details)	
Approved	Yes ☐ No ☐