

# MEMBERSHIP SCHEME OF CO-OPERATION NZCCP

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## Payment details

To confirm what your MPS subscription rate should be, please contact NZCCP on 04 801 6088 and indicate the amount below. Return this entire form with any enclosures to: NZCCP PO Box 24088, Wellington 6142, New Zealand.

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I wish to pay my subscription (including 15% GST) in accordance with the following instructions:

Cheque (in full) – Crossed and made payable to: NZCCP

NZ\$

### Category change details

New category

Rate: NZ\$

### Medical Protection – NZCCP contact information

The New Zealand College of Clinical Psychologists  
PO Box 24088, Wellington 6142, New Zealand.

T 04 801 6088

F 04 801 6086

E office@nzccp.co.nz

