



**Registered Podiatrists are required to promptly inform the Board of any contact changes.**

**Please use the section below to notify any changes**

**Register Information to update:**

**Full Name:** \_\_\_\_\_ **Reg No: 80-0.....**

<b>New residential address:</b>		
<b>New postal address:</b>		
<b>New work address:</b>		
<b>New email address:*</b>		
<b>New work phone number</b> <i>(include area code)</i>	<b>New home phone number</b> <i>(include area code)</i>	<b>New cell phone number</b>
<b>Addresses and phone numbers will not be part of the public register</b> <b>Only registrants with a current Annual Practising Certificate will show on the online Register</b> <b>(Work address must be provided for your name to show on the online Register if a search is made by region)</b>		

**OFFICE USE ONLY**

**Amount Paid \$** \_\_\_\_\_ **Payment for:**

Maintenance fee including Disciplinary Levy Year: **21/22**

**Payment Method:**  Chq **Clearance Date:** \_\_\_\_\_ **Entered in Database**  **Entered in Accounts**