

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.....**

New residential address:		
New postal address:		
New work address:		
New email address:*		
New work phone number <i>(include area code)</i>	New home phone number <i>(include area code)</i>	New mobile phone number
Addresses and phone numbers will not be part of the public register		

OFFICE USE ONLY

Amount Paid \$ _____ **Payment for:** Inactive Maintenance fee including Disciplinary Levy Year: **25/26**

Payment Method: Mastercard Visa **Approval No:** _____ **Signed:** _____ **Date:** _____