1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7
TEL: (204) 774-4344 FAX: (204) 774-0750
WEBSITE: www.cpsm.mb.ca

AUTHORIZATION FOR PAYMENT

Regulated Associate Member - Physician Assistant – Full

Visa ______ MasterCard _______ American Express _____

____ $330 Documentation Fee

Amount Authorized: ___________________

(Please note that fees are processed upon receipt)

Name of Applicant (Please Print) _____________________________________

Name on credit card (please print) _____________________________________

Credit Card # ______/______/______/_______ Expiry date___/___ CVV #_____
mm/yy)

Credit Card Authorization signature ____________________________________