

## AUTHORIZATION FOR PAYMENT CERTIFICATE OF PROFESSIONAL CONDUCT

Visa	☐ Maste	erCard 🗆	American Express	
Amount Authorized			Each \$105.00 (\$100.00 plus \$5.00 GST) Each \$110.25 (includes \$5.25 fax fee)*	
Name o	of member (please p	rint)		
Name o	on credit card (please	e print)		
Credit o	card/	′/E	Expiry date/ (mm/y	y) CVV
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Please send this form by e-mail to <u>copc@cpsm.mb.ca</u>, or fax (204-774-0750), or telephone the Finance Department at 204-774-4344.

## \* The following organizations are exempt from the faxing fee:

- College of Physicians & Surgeons of BC, AB, SK, ON, NS, NB, PEI and NL
- Collège des médecins du Québec
- Yukon Medical Council
- Government of the Northwest Territories
- Government of Nunavut
- The College of Family Physicians of Canada
- Winnipeg Regional Health Authority
- MB HealthCare Providers Network
- University of Manitoba, Department of Family Medicine
- Interlake-Eastern Regional Health Authority
- Northern Regional Health Authority
- Prairie Mountain Health Region
- Southern Health
- General Medical Council UK
- Health Professions Council of South Africa
- Medical Council of New Zealand