



# ASAR

Australian Sonographer  
Accreditation Registry

Australian Sonographer Accreditation Registry Limited  
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## Credit Card Payment Authority Form

Member name

Member No

Payment for

Amount

\$

Date

(DD.MM.YY)

Card Type

MasterCard

Visa

Name on Card

Card Number

CVV Code

(usually shown on the reverse of the credit card)

Expiry Date

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Cardholder's Signature

Email completed form to [registry@asar.com.au](mailto:registry@asar.com.au)



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