



## *PERSATUAN PSORIASIS MALAYSIA*

*(PSORIASIS ASSOCIATION OF MALAYSIA - PAM)*

No 1 Jalan 14/2C, Taman Serdang Utama, 43300 Seri Kembangan,  
Selangor.

Tel : 03-8948 4335

Fax : 03-8958 2980

Email: psoriasismalaysia.org@gmail.com

Website: www.psoriasismalaysia.org

MEMBERSHIP TO THE ASSOCIATION IS OPEN TO ALL MALAYSIANS AND FOREIGNERS  
(ABOVE 18 YEARS OF AGE) WHO HAVE PSORIASIS, ARE REPRESENTING  
A MINOR WITH PSORIASIS AND ANYONE INTERESTED TO SUPPORT  
THE ASSOCIATION IN SUPPORTING PEOPLE WITH PSORIASIS

### **THE BENEFITS OF BEING A MEMBER ARE AS FOLLOWS:-**

- A) RECEIVE INFORMATION ON PSORIASIS
- B) RECEIVE OUR BIENNIAL BULLETIN
- C) RECEIVE INFORMATION ON NEW TREATMENTS AVAILABLE
- D) HAVE YOUR QUESTIONS ANSWERED BY OUR MEDICAL ADVISORS
- D) BE INVITED TO EDUCATIONAL TALKS/WORKSHOPS ON PSORIASIS
- E) BE INVITED TO EVENTS AND GET-TOGETHERS
- F) NETWORK AND CREATE LASTING RELATIONSHIPS WITHIN OUR COMMUNITY

**RM60.00 FOR THREE (3) YEARS OR RM300.00 FOR LIFETIME MEMBERSHIP**

#### **Payment method:**

1. Online transfer/bank-in RM60 or RM300 into the association's Maybank Account 5129 8701 2082
2. Issue a cheque for RM60 or RM300 payable to Persatuan Psoriasis Malaysia

#### **Form submission:**

1. Scan or screen capture your completed form and email to the address stated above, together with your payment slip, OR
2. Fax your form and payment slip to the given fax number, OR
3. Send your form and cheque/payment slip by mail to the association's address stated above.
4. Remember to contact the Psoriasis Association after you have made payment

<b>Please enrol me for</b> <input type="checkbox"/> <b>3 years</b> <input type="checkbox"/> <b>Lifetime Membership</b> (tick appropriate box)	
Full Name (as per IC) _____	
IC No _____	Email Add _____
Tel No Home _____	Mobile _____
Address _____ _____	
State _____	Postcode _____
Occupation _____	Date _____