



**PERTUBUHAN HEMOFILIA MALAYSIA (ditubuhkan 1980)**

**HEMOPHILIA SOCIETY OF MALAYSIA (established 1980)**

website: [www.hsm.org.my](http://www.hsm.org.my) email: [hemophiliamalaysia@yahoo.com](mailto:hemophiliamalaysia@yahoo.com)

**PERMOHONAN MENJADI AHLI  
APPLICATION FOR MEMBERSHIP**

Setiausaha Kehormat  
Pertubuhan Hemofilia Malaysia  
D-S-5-06 Metropolitan Square  
Block D, Office Suite  
Jalan PJU 8/1, Damansara Perdana  
47820 Petaling Jaya, Selangor

Saya ingin memohon menjadi Ahli Pertubuhan Hemofilia Malaysia mengikut pilihan berikut:  
*I would like to be a member of the Hemophilia Society of Malaysia as option below:*

<b>Keahlian Membership</b>	<b>Bayaran Masuk Entrance Fee</b>	<b>Bayaran Tahunan Annual Fee</b>	<b>Bayaran Penuh Full Payment</b>	<b>Jumlah Bayaran Total Payment</b>	<b>Pilihan Option (✓)</b>
Ahli Biasa <i>Ordinary Member</i>	RM 10.00	RM 10.00	-	RM 20.00	
Ahli Seumur Hidup <i>Life Member</i>	RM 10.00	-	RM 150.00	RM 160.00	

Bersama-sama ini saya sertakan bayaran tunai /pemindahan perbankan atas talian berjumlah RM \_\_\_\_\_ sahaja atas nama **Pertubuhan Hemofilia Malaysia**  
*Herewith is my cash/online banking transfer payment totalling RM \_\_\_\_\_ only payable to Hemophilia Society of Malaysia.*

Berikut adalah matlumat-matlumat saya: / *The following are my particulars:*

Nama / Name (MyKad)

No. K.P Baru / New I.C. No.

Tarikh Lahir / DOB  d d / m m / y y y y Jantina / Gender P / F  L / M

Alamat Surat Menyurat/Mailing Address

Poskod / Post Code  Negeri / State

No. Telefon / Telephone No.  H/P:

Emel / Email ..... Pekerjaan / Occupation .....

Saya adalah penghidap: Haemophilia A  Von Willebrand

*I am a person with:* Haemophilia B  Masalah Pendarahan Lain / Other Bleeding Disorder

Atau / Or Ibu / Mother  Bapa / Father  Ahli Keluarga / Family Member  Perawat / Treater

Penyokong / Supporter  kepada / to .....

Nama Pesakit / Name of Patient

.....  
Tandatangan Pemohon / Signature of Applicant

.....  
Tarikh / Date

For Office use only  
Approve/Reject at EXCO meeting on .....

Receipt No: .....