

DERMATOLOGY REGISTRATION FORM 2025

FULL NAME	:	
ADDRESS	:	
PHONE NO	:	
EMAIL	:	
AFPM MEMBERSHIP NO	:	

**COURSE FEE:
AFPM MEMBER: RM7,000**

Kindly make online payment to:

Bank Name : AmBank
Account Name : Academy of Family Physicians of Malaysia
Account Name : 001-201-0101820

For any further inquiries please email to mala@afpm.org.my

Signature: _____

Kindly attach your application form with:

- 1) Copy of Certificate of Permanent Registration with MMC
- 2) Passport size photo
- 3) Payment slip

Kindly email the completed documents to vicky@afpm.org.my

- Registration for the course is exclusively open to AFPM members, and non-members are encouraged to join AFPM to participate in this course.
- Please be aware that course fee is non-refundable.