

Psoriasis Society of Canada

Membership Application Form

Name:
Address:
Postal Code:
Phone #:
Amount Enclosed:

- \$25 Membership**
You will receive the National Psoriasis Newsletter for one year
- Donation for Research and Education** You will receive the Newsletter for one year.
- Donation in Memory of**
Please fill in box below

Membership Benefits

- ✓ Psoriasis quarterly newsletter to keep you informed about treatments, research and issues.
- ✓ Support group meetings in your area.
- ✓ Attend workshops and conferences on psoriasis
- ✓ Counselling services
- ✓ Treatment locations

Donation in Memory of:

Please notify:

that I have made this donation.

You will also receive the NATIONAL PSORIASIS NEWSLETTER for one year.

AS A MEMBER, I WOULD LIKE TO RECEIVE THE FOLLOWING PUBLICATIONS:

- | | |
|--|--|
| <input type="checkbox"/> Psoriasis in children | <input type="checkbox"/> History of psoriasis |
| <input type="checkbox"/> Psoriasis and genetics | <input type="checkbox"/> Psoriasis How It Makes You Feel |
| <input type="checkbox"/> Psoriasis arthritis | <input type="checkbox"/> Different types of psoriasis |
| <input type="checkbox"/> Scalp psoriasis | <input type="checkbox"/> Tips on managing psoriasis |
| <input type="checkbox"/> Hand care for psoriasis | <input type="checkbox"/> National Psoriasis Walk |



**NATIONAL OFFICE
PSORIASIS SOCIETY OF CANADA**

PO Box 25015 Halifax, NS B3M 4H4

Phone: 902-443-8680

Toll Free: 1-800-656-4494

Fax: 902-443-2073