



SABAH SOCIETY FOR THE BLIND
(Pertubuhan Bagi Orang-Orang Buta Sabah)

121, 2nd Floor, jalan Gaya,
P. O. Box 10720, 88807 Kota Kinabalu, Sabah, Malaysia.
Tel: 088-218130, 218717 Fax: 088-260753
E-mail: ssftb@tm.net.my

The President,

APPLICATION FOR MEMBERSHIP / PERMOHONAN KEAHLIAN

I wish to enroll as a Life Member / Ordinary Member / Visually Handicapped Member of the Sabah Society For The Blind and support and help in the work being done for the blind and visually handicapped in Sabah.

I enclosed herewith my membership fee RM

Please acknowledge receipt.

Full Name / Nama Penuh:

NRIC NO / no. K/P:

Date of Birth / Tarikh Lahir: Gender / Jantina:

Residential Address / Alamat Kediaman:

Postal Address / Alamat Pos:

Telephone Contact / No. Telefon:

Citizenship / Warganegara:

Occupation / Perkerjaan:

SIGNATURE / TANDATANGAN

DATE / TARIKH

MEMBERSHIP FEE / YURAN KEAHLIAN

LIFE MEMBER / AHLI SEUMUR HIDUP

RM100.00

ORDINARY MEMBER / AHLI BIASA

RM10.00 P.A.

VIRUALLY HANDICAPPED / CACAT PENGLIHATAN

(FREE OF CHARGE BUT RENEWABLE
EVERY THREE YEARS / PERCUMA
TETAPI PERLU DIPERBAHARUI SETIAP
TIGA TAHUN)