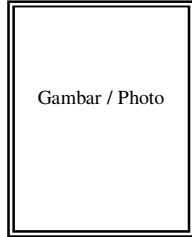


MALAYSIAN ASSOCIATION FOR THE BLIND
KOMPLEKS MAB, JALAN TEBING,
OFF JALAN TUN SAMBANTHAN 4,
BRICKFIELDS,
50470 KUALA LUMPUR



ICT DEPARTMENT

BORANG PENDAFTARAN KEAHLIAN KELAB SIBER MAB
MAB CYBER CLUB MEMBERSHIP FORM

NAMA / NAME:

NO KP / IC NO:.....

ALAMAT SURAT MENYURAT / MAILING ADDRESS :

.....
.....
.....

NO PENDAFTARAN OKU / OKU REG.CARD NO:

TEL UNTUK DIHUBUNGI / CONTACT NO:

EMEL /E-MAIL:

Sila lampirkan / Please attach:-

1. 1 salinan kad pengenalan / 1 photocopy of IC
2. 1 salinan kad OKU / 1 photocopy of OKU Reg. Card
3. 2 keping gambar saiz kad pengenalan / 2 IC size photographs

.....
TANDATANGAN / SIGNATURE

.....
TARIKH / DATE

Untuk kegunaan pejabat sahaja / For office use only

Tarikh Terima / Date Received:

No Keahlian / Membership No:

Diluluskan oleh / Approved by:

Nama Pegawai / Officer's Name:

Jawatan / Position :

Tandatangan / Signature :

Tarikh / Date :