



**PERSATUAN BAGI ORANG-ORANG PEKAK, SABAH**  
**SABAH SOCIETY FOR THE DEAF**

Jalan UKM Lama, Bukit Padang, P. O. Box 13971, 88846 Kota Kinabalu, Sabah, Malaysia.  
Tel: 088-230894 Fax: 088-252972

**SIGN LANGUAGE CLASS REGISTRATION FORM**

NAME : \_\_\_\_\_

IC NO. : \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS : \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

TEL (H): \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Who introduced you to this sign language class?

\_\_\_\_\_

What is your main objective in coming to this class?

\_\_\_\_\_

Do you have any basic knowledge of sign language? If yes, please clarify.

\_\_\_\_\_

Do you wish to become a volunteer at the Sabah Society for the Deaf? If yes, in what ways/areas do you think you can contribute/offer yourself? Please list down suggestions/offers.

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

*For office use only*

Payment: Full / Repeat

Date of payment: \_\_\_\_\_

RM \_\_\_\_\_

Payment received by: \_\_\_\_\_