

Association of Physics Educators

Membership Form

Year: **2006**

Your personal details	
Dr/Mrs/Ms/Mr	
First name	
Surname	
Your contact details	
Street and Number	
City or town	
Telephone (Residential)	
Telephone (Mobile)	
e-mail	
Your institution details	
Institution	
Address	
Telephone	
Fax	

Signature: _____

Association of Physics Educators
M Cyparsade (Secretary)
c/o Mauritius Institute of Education, Reduit
Tel: 466 1940; fax: 467 5159

Membership fees:
Entrance fee: Rs 200.00
Yearly subscription fees: Rs 300.00