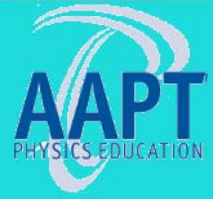




**Southern Atlantic Coast Section
of the
American Association of Physics Teachers**



Membership Application

Title Choose One: Dr., Mrs., Ms, Mr. _____

First Name _____ **Last Name** _____ **Middle Initial** _____

Preferred Name _____ **to be Greeted by**

Mailing Address _____
(include extended zip code) _____

Institutional Affiliation _____

Level Choose One: Pre-High School ___; HS ___; 2-y College ___; 4-y College ___;
University ___; Business ___; Research ___; Full time Student ___

Work Phone _____ **Fax** _____

Home Phone _____

Email _____

SPONSOR: (a SACS AAPT Member) _____

Interests: _____

Membership Category Choose One: One year \$10.00;

"n" years \$10.00 X n = \$ _____

Lifetime membership \$200.00

(the membership fee for pre-high school teachers, high school teachers and students is \$0)

Donations /optional/ \$ _____

Total payment \$ _____

Make check payable to "SACS-AAPT" and mail it to:

**Dr. J.B. Sharma
Treasurer, SACS-AAPT
Physics and Remote Sensing
Gainesville State College
Gainesville, GA 30503**