



Malta Educational Research Association (MERA)

Membership Application Form

Personal Information

Title

First Name

Last Name

Institutional Affiliation

Research Interests

Type of Membership

Regular membership _____

Associate or Student membership _____

Collective membership _____ Number of members _____

Contact information

Street and unit number

City

Postal Code

Country

Email

Remarks

Mailing Address:

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Faculty of Education

University of Malta

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