

ERB
INDEPENDENT SCHOOL MEMBERSHIP APPLICATION

Membership Year: July 1, 2009 through June 30, 2010
Annual Membership Fee: \$295 (\$140 for Nursery Schools)
Please remit membership fee with this application.

Name of School _____ Year founded _____
Street Address _____ Telephone: () _____
City/State/Zip _____ Fax: () _____
Head of School _____ Email: _____
Admission Director _____ Email: _____
Testing Coordinator _____ Email: _____

Please circle the grade range of your school: N K 1 2 3 4 5 6 7 8 9 10 11 12
Total enrollment _____ Total faculty _____

If your school has an upper division, please indicate the percent of students who go on to
4-year college _____ % 2-year college _____ % Other _____ %

Applicants are expected to fulfill two of the three following requirements:

- a) School is sponsored by two ERB member schools.
Name of School _____
Name of School _____
- b) School belongs to a national or regional independent school association.
Name of Association _____
- c) School is accredited.
Name of Accrediting Agency _____

Ability/Achievement Battery currently used _____
Admission Test (s) currently used _____
Writing Assessment Program currently used _____
How did you learn about ERB? _____

If you spoke with an ERB representative about membership please provide the name _____
Please enclose a copy of your school catalog together with any special information about your school that might help ERB serve you.

The individual to whom ERB mailings should be directed is:

Name _____ Title _____
Date _____ Signature _____

Return this form and annual membership fee to:

EDUCATIONAL RECORDS BUREAU
220 East 42nd Street, Suite 100
New York, NY 10017
Tel: 800-989-3721, ext. 9810
Fax: 212-370-4096