

INDEPENDENT SCHOOL MEMBERSHIP APPLICATION

Membership Year: July 1, 2008 through June 30, 2009
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 _____

Who or what led to your decision to use ERB tests? _____

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