

ERB
PUBLIC SCHOOL MEMBERSHIP APPLICATION

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

Name of School District _____

Name of School _____

Street Address _____ Telephone: () _____

City/State/Zip _____ Fax: () _____

_____ Email: _____

Superintendent _____ Email: _____

Principal _____ 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 is a high school, please indicate the percent of students who go on to

4-year college _____ % 2-year college _____ % Other _____ %

Ability/Achievement Battery 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 special information about your school that might help ERB serve you.

The individual to whom ERB mailings should be directed is:

Name _____ Title _____

Email _____

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