

ERB

INDEPENDENT SCHOOL MEMBERSHIP APPLICATION

Membership Year: July 1, 2006 through June 30, 2007
 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. 310
Fax: 212-370-4096

