

ERB

PUBLIC SCHOOL MEMBERSHIP APPLICATION

Membership Year: July 1, 2006 through June 30, 2007
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

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

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. 310
Fax: 212-370-4096

