



MEMBERSHIP APPLICATION

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Be sure to save this application to your computer before completing the fields below. Information entered into the application while viewing it in a browser window cannot be saved. Right click on the application and select "Save as" to save the file, then open the saved file on your computer and complete the application.

MEMBERSHIP YEAR: July 1, 2019 through June 30, 2020

SCHOOL OR ORGANIZATION INFORMATION

Name: _____ Total Enrollment: _____ Average Class Size: _____ Gender: M F Co-Ed

Type of School (check all that apply): Public Independent For-Profit Not-For-Profit For Independent Schools Only: Boarding Day

Grade Range (check all that apply): Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Website: _____ Religious Affiliation: _____

Physical Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Shipping Address (we cannot ship to PO boxes): Same as Physical Address Differs from Physical Address (please fill out the fields below)

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

DISTRICT, CONFERENCE, OR HIERARCHICAL ENTITY INFORMATION

Name: _____ Main Phone: (_____) _____

BILLING INFORMATION

Is your school or organization tax exempt? No Yes (please submit a copy of your Tax Exempt Certification with this application)

Do you need your school-assigned PO number referenced on membership invoices? No Yes (please submit a copy of your PO with this application)

Billing Address: Same as Physical Address Differs from Physical Address (please fill out the fields below)

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

If membership or assessments are to be billed to an entity other than you, the Applicant, please include the bill payer's information below. An ERB Member Number will be assigned if one does not exist.

Membership to be Billed to: Individual School District/Conference/Other ERB Member Number: _____

Contact Name: _____ Phone: (_____) _____

Assessments to be Billed to: Individual School District/Conference/Other To Be Determined ERB Member Number: _____

Contact Name: _____ Phone: (_____) _____

REQUIRED CONTACT INFORMATION Please be sure to check off one contact who will serve as the primary ERB contact. All fields are required. All titles listed are required contacts. Blank lines are provided for optional additional contacts. If you need more space for additional contacts, you may provide that information on a separate page.

Title (Check <u>one</u> primary contact.)	First Name	Last Name	Phone (Please include country code, if needed.)	Email (Required.)
Head of School or President			(_____) _____ Ext. _____	
Superintendent			(_____) _____ Ext. _____	
Principal or Headmaster			(_____) _____ Ext. _____	
Director of Admission			(_____) _____ Ext. _____	
Director of Curriculum or Testing Coordinator			(_____) _____ Ext. _____	
Billing or Purchasing			(_____) _____ Ext. _____	
			(_____) _____ Ext. _____	
			(_____) _____ Ext. _____	
			(_____) _____ Ext. _____	



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SPONSORS, ASSOCIATIONS, AND ACCREDITATION

Please complete at least two of the three sections below.

Applicant is sponsored by two ERB members.

Name of ERB Member: _____

City/State/Country: _____

Name of ERB Member: _____

City/State/Country: _____

Applicant belongs to an international, national, or regional independent school or relevant educational/industry association.

Names of Associations (please list up to four):

Applicant is accredited.

Name of Accrediting Agency: _____

CURRENT ASSESSMENTS USED

Achievement batteries: _____ Admission or placement tests: _____

Writing assessments: _____ Other assessments: _____

REFERRAL INFORMATION

Please describe how you learned about ERB: _____

Name of referring ERB representative, ERB member, event, or association: _____

ADDITIONAL INFORMATION

Please include any additional information you would like to share: _____

AUTHORIZATION

I have read and accept the Terms and Conditions of ERB Membership, located at www.erblearn.org/membership, including item No. 6, Confidentiality Agreement.

Name: _____ Title: _____

Signature: _____ Date: _____

PAYMENT INSTRUCTIONS

The current annual membership fee is \$410 (\$220 for nursery schools and \$295 for consultants and/or test sites).

Membership is automatically renewed each year as of July 1, and invoices for that year's membership are sent on or before this date to the billing entity identified on this application.

Pay by Credit Card via Phone

Call the ERB Business Office Monday - Friday from 9am to 5pm EST to provide credit card payment information:

(646) 503-4294

Pay by Check via Mail

Please make your check payable to **Educational Records Bureau** and mail it with this application to ERB. See application return instructions for mailing address.

RETURN INSTRUCTIONS

ERB will review your application and notify you of your membership decision within two business days. New members will receive a welcome email, which will include your ERB Member Number. ERB reserves the right to refuse membership. If membership is not approved, payment will not be processed.

Return Application via Email

Attach this completed application to an email and send to:

membership@erblearn.org

Please be sure to call with credit card information or mail in a check.

Return Application via Mail

Attn: Business Office
ERB (Educational Records Bureau)
470 Park Ave South, 2nd Floor South Tower
New York, NY 10016

Please be sure to include a check with your application or call with credit card information.

Please be sure to submit any necessary documentation along with your application including Tax Exempt Certification and school-assigned PO.

QUESTIONS? Please email membership@erblearn.org or call (800) 989-3721.