

# Membership Application



Name of School (Official Name) \_\_\_\_\_

Year Established \_\_\_\_\_ Web Site Address \_\_\_\_\_

Address (No., Street, Barangay, Subdivision) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of School:  Private Sectarian  Private Non-Sectarian  Public

Levels Offered:  Kindergarten  Junior High School  Tertiary  Others \_\_\_\_\_  
 Elementary  Senior High School  Graduate \_\_\_\_\_

School Head 1 (Last Name, First Name, M.I.) \_\_\_\_\_ Designation \_\_\_\_\_ Email \_\_\_\_\_

School Head 2 (Last Name, First Name, M.I.) \_\_\_\_\_ Designation \_\_\_\_\_ Email \_\_\_\_\_

## School Associations

- CEAP (Catholic Educational Association of the Philippines)
- PACU (Philippine Association of Colleges and Universities)
- PASUC (Philippine Association of State Universities and Colleges)
- ACSCU (Association of Christian Schools, Colleges and Universities)
- PAPTI (Philippine Association of Private Technical Institutions)
- Others \_\_\_\_\_

## Accreditations

- | Accrediting Agency  | Level |
|---|-------|
| <input type="checkbox"/> PAASCU (Philippine Accrediting Association of Schools, Colleges and Universities)                | _____ |
| <input type="checkbox"/> PACUCOA (Philippine Association of Colleges and Universities Commission on Accreditation)        | _____ |
| <input type="checkbox"/> ACSCU-AAI (Association of Christian Schools, Colleges and Universities-Accrediting Agency, Inc.) | _____ |
| <input type="checkbox"/> Others _____   | _____ |

## CONTACT INFORMATION

Contact Person (Last Name, First Name, M.I.) \_\_\_\_\_ Designation \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Preferred Mode of Contact:  Phone  Fax  Mobile  Email

### SCHOOL FINANCE/ACCOUNTING CONTACT PERSON (billing purposes):

Last Name, First Name, M.I. \_\_\_\_\_ Designation \_\_\_\_\_ Phone \_\_\_\_\_

## School Year 2015 - 16

### Application

- New  
 Renewal Last Registered SY 20\_\_\_\_ - \_\_\_\_

### Membership Category

- Institutional  
 Departmental  
 Elementary  
 Secondary (Grades 7 to 12)  
 Tertiary

\_\_\_\_\_  
 (name of college)

Total No. of Students: \_\_\_\_\_

I certify that the information herein is true and correct.

\_\_\_\_\_  
 Authorized Representative  
 Signature Over Printed Name

\_\_\_\_\_  
 Date

## PAYMENT (Annual membership is P2,000.00)

### Payment option:

- Check enclosed.** Payable to **Center for Educational Measurement, Inc.**
- Bank deposit.** BPI Pasong Tamo La Fuerza Branch Acct. No. 1885-1133-34  
 (Send a copy of the validated deposit slip with school name and address to CEM Head Office by fax or email)
- Payment pick-up.**
  - **Metro Manila and nearby areas.** Call CEM Finance Office at (02)813-3694 to 95 loc. 104 or 105. Ask for Lovelyn Santibañez.
  - **Others.** Call branch manager or center coordinator (See back for contact details).

### BRANCH/CENTER USE ONLY

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment:  Cash  Check

### HEAD OFFICE USE ONLY

Center \_\_\_\_\_

School Code \_\_\_\_\_

Membership ID No. \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## REMINDER

1. Send your membership fee within 30 days after filing this form.  
*Early payment ensures your school of discounted test fees and other benefits.*
2. Please make a copy of this completed form for your records.
3. Membership certificate is given to schools that have availed of the CEM testing services AND paid membership dues.

*Certificate will be mailed within 30 days after test administration.*

(SEE BACK FOR CONTACT DETAILS)

# CEM BRANCH & CENTER COORDINATORS

## MS. MA. LOURDES M. FRANCO

### CEM CENTRAL OFFICE

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