

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 20____ - ____

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

- Send your membership fee within 30 days after filing this form.
Early payment ensures your school of discounted test fees and other benefits.
- Please make a copy of this completed form for your records.
- 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

24th Cityland Pasong Tamo Tower
2210 Chino Roces Ave., Makati City
Tel. No. (02) 813-3691; 813-3694 to 95
Fax No. (02) 894-1392; 894-5536

MS. KAREN LISETTE M. REYES

METRO MANILA

8279 Camachile Street Cor. Mayapis Street
San Antonio Village, Makati City
Tel. No. (02) 804-2145; 858-4810
Telefax No. (02) 895-8236
Email: cem_tas@cem-inc.org.ph

CEM LUZON CENTERS

MS. AGATHA BRENICA D. ILAGAN

CEM LUCENA CENTER

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MS. ROSALIA V. DELOS SANTOS

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SR. ASCENCION L. DOMUGHO, O.P.

CEM PUERTO PRINCESA CENTER

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REV. FR. REYNALDO B. JIMENEZ, SVD

CEM LAOAG CENTER

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Laoag City, 2900 Ilocos Norte
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Telefax No. (077) 772-1625
Cell No. 0921-2432440; 0926-4028503 (R. B. Pellogo)
Email: restypellogo@yahoo.com

MS. ERLINDA C. MONES

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MR. NOEL S. SINOGBA

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CEM VISAYAS BRANCH & CENTERS

MS. MUSSOLINI S. YAP

CEM CEBU BRANCH

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c/o MS. MARIA CRISTINA D. ONG

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CEM MINDANAO BRANCH & CENTERS

MS. LEA F. ELIVERA

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CEM SOUTH COTABATO CENTER

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