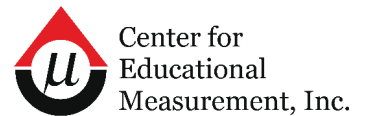


Membership Application



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 Accounting Office at (02)813-3694 to 95 loc. 111 or 105. Ask for Lovelyn Santibañez.
 - **Others.** Call branch manager or center coordinator.

BRANCH/CENTER USE ONLY

Date Received: ____ / ____ / ____

Payment: Cash Check

HEAD OFFICE USE ONLY

Center _____

School Code _____ Date Received: ____ / ____ / ____

Membership ID No. _____ 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.