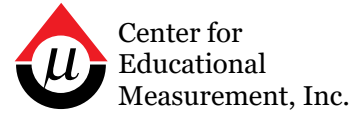


# Membership Application



THE TEST OF EXCELLENCE

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

Address (No., Street, Barangay, Subdivision) \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Website Address \_\_\_\_\_ Year Established \_\_\_\_\_ School Calendar \_\_\_\_\_ to \_\_\_\_\_

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 (Title, First Name, M.I., Last Name, Suffix) \_\_\_\_\_ Designation \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email Address \_\_\_\_\_

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

Mobile No. \_\_\_\_\_ Email Address \_\_\_\_\_

## 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 (Title, First Name, M.I., Last Name, Suffix) \_\_\_\_\_ Designation \_\_\_\_\_

Mobile No. \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

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

Title, First Name, M.I., Last Name, Suffix \_\_\_\_\_ Designation \_\_\_\_\_

Mobile No. \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

### PAYMENT (Annual membership is P2,000.00)

- Inter-branch bank deposit - Deposit cash or check to CEM's account with **Bank Reference code**. Send a copy of the validated deposit slip, with the depositor's name and nature of payment, to the CEM Accounting Section through courier, fax, or email (both Metro Manila and Provincial schools).

Account Name: **Center for Educational Measurement, Inc.** Bank Name: **BANCO DE ORO**  
 Account Number: **SA# 0048-8008-5327** Branch: **Pasong Tamo-La Fuerza**

- Check sent through mail - Check should be made payable to **Center for Educational Measurement, Inc.** and sent to **CEM Coordinator** or **CEM Accounting Section**.
- Collection of payment through pick-up:
  - (1) For schools in Metro Manila and nearby provinces, call CEM Accounting Section.
  - (2) For provincial schools, call the CEM Branch or Center nearest you. Please refer to CEM website at [www.cem-inc.org.ph/contact](http://www.cem-inc.org.ph/contact)

#### CEM Accounting Section Contact Information:

Landline: **+63 (2) 8813-3694 to 95 local 105 or 107** Mobile: **+63 999 221 2528**  
 Fax: **+63 (2) 8813-3694 to 95 local 105 or +63 (2) 8894-1392** Email: [araccounting@cem-inc.org.ph](mailto:araccounting@cem-inc.org.ph)

#### BRANCH/CENTER USE ONLY

Date Received: \_\_\_\_\_  
 Payment:  Cash  Check

#### HEAD OFFICE USE ONLY

Center \_\_\_\_\_ Date Received: \_\_\_\_\_  
 School Code \_\_\_\_\_ Date Entered: \_\_\_\_\_  
 Membership ID No. \_\_\_\_\_

### 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.

SY \_\_\_\_\_ - \_\_\_\_\_

CEM Annual Membership coverage  
**June 1 to May 31**

### Application

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

### 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

## DATA PRIVACY STATEMENT

The Center for Educational Measurement, Inc. (CEM), in compliance with the Data Privacy Act of 2012, hereby declares that all personal data provided to and collected by CEM from the client shall be used solely for identification and control, verification, documentation and payment transactions. CEM shall implement strict controls and measures to protect these data from unauthorized access and/or security breach. The client has the right to access his/her personal data and/or have these corrected, erased, or blocked on reasonable grounds, and the right to object to the processing of their data.

CEM is keen on protecting the interests of its clients, hence this declaration.