

Washington Learning Source Membership Form
(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Annie Wright School</i>	ORGANIZATION TYPE: <input checked="" type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>Elizabeth Borgen</i>	CONTACT EMAIL <i>elizabeth-borgen@aw.org</i>
CONTACT PHONE <i>(253) 272-2216</i>	CONTACT FAX <i>(253)</i>
MAILING ADDRESS LINE 1 <i>827 N Tacoma Avenue</i>	CITY STATE ZIP <i>Tacoma, WA 98403</i>
LOGIN: (FOR WLS PURPOSES ONLY)	PASSWORD (FOR WLS PURPOSES ONLY)

On behalf of the agency specified herein, I, Superintendent and/or Chief Executive Officer of said agency, have reviewed and accepted:

Christian Sullivan
Signature

3/7/12
Date Signed

Christian Sullivan
Printed Name

Head of School
Printed Title

Annie Wright School
Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
Anne Anderson, Director
Washington Learning Source
Puget Sound ESD
800 Oakesdale Ave SW
Renton, WA 98057
(425) 917-7907 Fax