



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

NAME OF EDUCATIONAL INSTITUTION  CENTRALIA COLLEGE 600 CENTRALIA COLLEGE BLVD CENTRALIA WA 98531	ORGANIZATION TYPE: <input type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input checked="" type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON Bonnie Myer	CONTACT EMAIL bmyer@centralia.edu
CONTACT PHONE 360-736-9391 x230	CONTACT FAX 360-330-7508
MAILING ADDRESS LINE 1 600 Centralia College Blvd	CITY STATE ZIP Centralia, WA 98531
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:

Bonnie Myer  
 Signature

8/1/12  
 Date Signed

Bonnie Myer  
 Printed Name

Director-Central Services & Purchasing      Centralia College  
 Printed Title      Agency Name

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