



**Washington Learning Source Membership Form**

(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Crosspoint Academy</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>KIM CRANE</i>	CONTACT EMAIL <i>kcrane@crista.net</i>
CONTACT PHONE <i>360-377-7700 x5000</i>	CONTACT FAX <i>360 377-7795</i>
MAILING ADDRESS LINE 1 <i>4012 Chilo Way NW</i>	CITY STATE ZIP <i>Bremerton WA 98312</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>kcrane</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>Crosspoint</i>

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

*[Signature]*  
 \_\_\_\_\_  
 Signature

*4-15-11*  
 \_\_\_\_\_  
 Date Signed

*Greg Dugas*  
 \_\_\_\_\_  
 Printed Name

*Purchasing Agent*  
 \_\_\_\_\_  
 Printed Title

*CRISTA Ministries db/a Crosspoint Academy*  
 \_\_\_\_\_  
 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