



Washington Learning Source Membership Form

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

NAME OF EDUCATIONAL INSTITUTION <i>Central Washington University</i>	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 <i>Stuart Thompson</i>	CONTACT EMAIL <i>thompsst@cwu.edu</i>
CONTACT PHONE <i>509 963 1004</i>	CONTACT FAX <i>509 963 2871</i>
MAILING ADDRESS LINE 1 <i>400 E University Way</i>	CITY STATE ZIP <i>Ellensburg WA 98926</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:

Stu Thompson

 Signature

9/19/12

 Date Signed

Stuart Thompson

 Printed Name

Purchasing Manager

 Printed Title

Central Washington University

 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