



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

NAME OF EDUCATIONAL INSTITUTION Office of Superintendent of Public Instruction (OSPI)	ORGANIZATION TYPE: <input type="checkbox"/> PRIVATE SCHOOL <input checked="" type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION <input type="checkbox"/> INSTITUTION NONPROFIT EDUCATIONAL
CONTACT PERSON: Dennis Small	CONTACT EMAIL: dennis.small@k12.wa.us
CONTACT PHONE: 360-725-6384	CONTACT FAX: 360-586-7251
MAILING ADDRESS LINE 1: 600 Washington St SE	CITY STATE ZIP: Olympia, WA 98501
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:

Ken Kanikeberg

9-24-10

Signature

Date Signed

Ken Kanikeberg

Printed Name

Chief of Staff

Printed Title

Office of Superintendent of Public Instruction

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

*10/14/10
New org.
wof*