



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

NAME OF EDUCATIONAL INSTITUTION <i>Soundview 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>Alan Piercy</i>	CONTACT EMAIL <i>apiercy@soundview.org</i>
CONTACT PHONE <i>425-778-8572</i>	CONTACT FAX <i>425-640-9416</i>
MAILING ADDRESS LINE 1 <i>6515 196th St SW</i>	CITY STATE ZIP <i>Lynnwood, WA 98036</i>
LOGIN: (FOR WLS PURPOSES ONLY)	PASSWORD: (FOR WLS PURPOSES ONLY)

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

*AP*  
 Signature

*8/31/2011*  
 Date Signed

*Alan Piercy*  
 Printed Name

*Soundview School*  
 Agency Name

*Technology Director*  
 Printed Title

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

*Rec'd 8/31/11*