



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

NAME OF EDUCATIONAL INSTITUTION ST BENEDICT CATHOLIC SCHOOL	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 SUSAN LISI	CONTACT EMAIL s.lisi@stbens.net
CONTACT PHONE 206-633-3375	CONTACT FAX 206-632-3236
MAILING ADDRESS LINE 1 4811 WALLINGFORD AVE NORTH	CITY STATE ZIP 98103
LOGIN: (FOR WLS PURPOSES ONLY) s.lisi@stbens.net	PASSWORD: (FOR WLS PURPOSES ONLY) 1library

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

Maureen Blum
 Signature

April 1, 2011
 Date Signed

MAUREEN BLUM
 Printed Name

Principal
 Printed Title

ST BENEDICT SCHOOL
 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