



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

NAME OF EDUCATIONAL INSTITUTION <i>St. Joseph Catholic 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>Patty Barrett</i>	CONTACT EMAIL <i>Pattyjbarrette@gmail.com</i>
CONTACT PHONE <i>(503) 804-7299 / (360) 696-2586</i>	CONTACT FAX <i>(360) 696-0977</i>
MAILING ADDRESS LINE 1 <i>6500 Highland Drive</i>	CITY STATE ZIP <i>Vancouver, WA 98661</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:

*Lesley Harrison* \_\_\_\_\_ 9/19/11  
 Signature Date Signed

Lesley Harrison  
 Printed Name

Principal  
 Printed Title

St. Joseph Catholic 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