



Washington Learning Source Membership Form

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

NAME OF EDUCATIONAL INSTITUTION <i>St. Mary's 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>Lauri Nauditt</i>	CONTACT EMAIL <i>lnauditt@dioceseofspokane.org</i>
CONTACT PHONE <i>(509) 924-4300 ext. 202</i>	CONTACT FAX <i>(509) 922-8139</i>
MAILING ADDRESS LINE 1 <i>11601 E. 4th Ave.</i>	CITY STATE ZIP <i>Spokane Valley, WA 99216</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:

Lauri Nauditt
Signature

3/22/11
Date Signed

Lauri Nauditt
Printed Name

principal
Printed Title

St. Mary's Catholic School
Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
800 Oakesdale Ave SW
Renton, WA 98057
(425) 917-7907 Fax

ued 3/24/11