



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

NAME OF EDUCATIONAL INSTITUTION VR University	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 Yanira Gale	CONTACT EMAIL yanira@vruniversity.net
CONTACT PHONE 425-788-3456	CONTACT FAX
MAILING ADDRESS LINE 1 26833 NE Stephens Ct	CITY STATE ZIP Duvall WA 98019
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:

Y. Gale
 Signature

May 21ST 2012
 Date Signed

Yanira Gale
 Printed Name

Teacher, Administrator VR University
 Printed Title 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

10/11/13