



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

NAME OF EDUCATIONAL INSTITUTION <i>EASTSIDE 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>BRAD PRITCHETT</i>	CONTACT EMAIL <i>bpritchett@EASTSIDECATHOLIC.ORG</i>
CONTACT PHONE <i>425-295-3058</i>	CONTACT FAX <i>425 392-5160</i>
MAILING ADDRESS LINE 1 <i>232 228th AVE SE</i>	CITY-STATE ZIP <i>SAMMAMISH, WA 98074</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>bpritchett</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>aspr001</i>

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

Signature

Christopher J Galvin

Printed Name

Exec VP

Printed Title

Date Signed

8/26/09

EASTSIDE 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