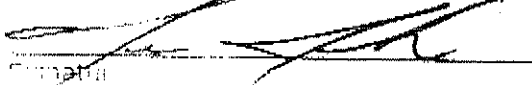


Washington Learning Source Membership Form
 (For use by Washington State educational entities other than school districts)

SCHOOL INSTITUTION New Life Christian 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 Lisa Culbrey	CONTACT EMAIL nics@nics.us
CONTACT PHONE 509-754-5558	CONTACT FAX 509-754-3540
MAILING ADDRESS LINE 1 15000 Ave	CITY STATE ZIP Ephrata WA 98823
PASSWORD (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:



 Joe Johnson

5/19/10

 Date Signed

Administrator

 Administrator

New Life Christian 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