



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

NAME OF EDUCATIONAL INSTITUTION <i>Northwest Christian 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>Tammy Hammond</i>	CONTACT EMAIL <i>thammond@nwchristianschool.org</i>
CONTACT PHONE <i>253-709-5369</i>	CONTACT FAX
MAILING ADDRESS LINE 1 <i>904 Shaw Road</i>	CITY STATE ZIP <i>Puyallup, WA 98372</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>thammond</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>NCS</i>

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

*[Signature]*  
Signature

*6-15-10*  
Date Signed

*Marshall L. Merklin*  
Printed Name

*Principal*  
Printed Title

*Northwest 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

*Rec'd before*