



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

NAME OF EDUCATIONAL INSTITUTION <i>The Bear Creek School</i>	ORGANIZATION TYPE: <input checked="" type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input checked="" type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>Jan Mueller</i>	CONTACT EMAIL <i>jmueller@tbcs.org</i>
CONTACT PHONE <i>425 898-1720 x40A</i>	CONTACT FAX <i>425-898-1430</i>
MAILING ADDRESS LINE 1 <i>8905 208th Ave NE</i>	CITY STATE ZIP <i>Redmond, WA 98053</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:

Patrick Caruth
Signature

06/16/10
Date Signed

Patrick Caruth
Printed Name

Head of School
Printed Title

The Bear Creek 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