



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

NAME OF EDUCATIONAL INSTITUTION <i>Everett Community College</i>	ORGANIZATION TYPE: <input type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input checked="" type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>Jeffrey Pearce</i>	CONTACT EMAIL <i>logistics@everettcc.edu</i>
CONTACT PHONE <i>425-388-9930</i>	CONTACT FAX
MAILING ADDRESS LINE 1 <i>2000 Tower Street</i>	CITY STATE ZIP <i>Everett WA 98201</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:

David N Beyer
 Signature

12/20/2013
 Date Signed

David N. Beyer
 Printed Name

President
 Printed Title

Everett Community College
 Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
 Anne Anderson, Director
 Washington Learning Source
 Puget Sound ESD
 800 Oakesdale Ave SW
 Renton, WA 98057
 (425) 917-7907 Fax