

94360



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

NAME OF EDUCATIONAL INSTITUTION <i>THE EVERGREEN STATE 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>MARSHALL ROBINSON</i>	CONTACT EMAIL <i>ROBINSEM@EVERGREEN.EDU</i>
CONTACT PHONE <i>360 867 5068</i>	CONTACT FAX <i>360 867 6660</i>
MAILING ADDRESS LINE 1 <i>2700 EVERGREEN PKWY NW</i>	CITY STATE ZIP <i>Olympia WA 98505</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>ROBINSEM</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>TESC L1620</i>

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


Signature

4/6/15
Date Signed

JAY FIELD
Printed Name

Purchasing & Contract Mgr
Printed Title

The Evergreen State 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