



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

NAME OF EDUCATIONAL INSTITUTION <i>RENTON TECHNICAL 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>PERRY CULWELL</i>	CONTACT EMAIL <i>PCULWELL@RTC.EDU</i>
CONTACT PHONE <i>425-235-2295</i>	CONTACT FAX <i>425-235-2387</i>
MAILING ADDRESS LINE 1 <i>3000 NE 9TH ST.</i>	CITY STATE ZIP <i>RENTON, WA 98056</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>PCULWELL</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>BUYRTC123</i>

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

Perry Culwell

 Signature

11/20/13

 Date Signed

PERRY CULWELL

 Printed Name

PURCHASING AGENT

 Printed Title

RENTON TECHNICAL 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