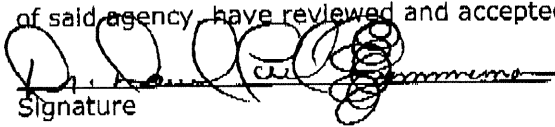


Washington Learning Source Membership Form
(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Amazing Grace 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>DR. DAVID-PAUL ZIMMERMAN</i>	CONTACT EMAIL <i>DR.ZIMMERMAN@AGCSCHOOL.ORG</i>
CONTACT PHONE <i>206-723-5526</i>	CONTACT FAX
MAILING ADDRESS LINE 1 <i>10056 RENTON AVE S</i>	CITY STATE ZIP <i>SEATTLE, WA 98178</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:


 Signature _____ Date Signed 2/11/09
DR DAVID-PAUL ZIMMERMAN
 Printed Name _____
ADMINISTRATOR _____ AMAZING GRACE
 Printed Title _____ 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