



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

NAME OF EDUCATIONAL INSTITUTION Bertschi School	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 Cathy Grant - Librarian	CONTACT EMAIL cathy.g@bertschi.org
CONTACT PHONE 206 324 5476	CONTACT FAX 206 329 4806
MAILING ADDRESS LINE 1 2227 10th Ave E	CITY STATE ZIP Seattle WA 98102
LOGIN: (FOR WLS PURPOSES ONLY) cathy.g@bertschi.org	PASSWORD (FOR WLS PURPOSES ONLY) bertschischool

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

Cathy Grant
Signature

11/15/10
Date Signed

Cathy Grant
Printed Name

School Librarian
Printed Title

Bertschi 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