



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

NAME OF EDUCATIONAL INSTITUTION CHARLES WRIGHT ACADEMY	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 JIM FERGUSON	CONTACT EMAIL JFERGUSON@CHARLESWRIGHT.ORG
CONTACT PHONE 253-620-8335	CONTACT FAX 253-620-8431
MAILING ADDRESS LINE 1 7723 CHAMBERS CREEK ROAD	CITY STATE ZIP TACOMA, WA 98467
LOGIN: (FOR WLS PURPOSES ONLY) JFERGUSON@CHARLESWRIGHT.ORG	PASSWORD: (FOR WLS PURPOSES ONLY) WALCWA7723

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

Robert Camner
 Signature

10/8/08
 Date Signed

ROBERT CAMNER
 Printed Name

HEADMASTER
 Printed Title

CHARLES WRIGHT ACADEMY
 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