



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

NAME OF EDUCATIONAL INSTITUTION <i>Big Bend Community 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>Kathy Arita</i>	CONTACT EMAIL <i>kathyara@bigbend.edu</i>
CONTACT PHONE <i>509-793-2016</i>	CONTACT FAX <i>509-762-6206</i>
MAILING ADDRESS LINE 1 <i>7662 Chanute St. N.E.</i>	CITY STATE ZIP <i>Moses Lake, WA 98837</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:

Kathy Arita
Signature

1/13/14
Date Signed

Kathy Arita
Printed Name

Director of Purchasing
Printed Title

Big Bend Community 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