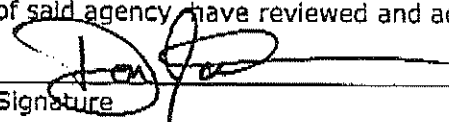


Washington Learning Source Membership Form
 (For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION Cascade Christian Schools	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 DR. Glenna Frederick	CONTACT EMAIL glenna@cascadecatholic.org
CONTACT PHONE 253-841-1776 ext 103	CONTACT FAX 253-841-2232
MAILING ADDRESS LINE 1 815 21st St SE	CITY STATE ZIP Puyallup, WA 98372
LOGIN: (FOR WLS PURPOSES ONLY) DgFred	PASSWORD (FOR WLS PURPOSES ONLY) roman828

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


 Signature

2/24/10
 Date Signed

Don Johnson
 Printed Name

Superintendent
 Printed Title

Cascade Christian Schools
 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

note from