



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

NAME OF EDUCATIONAL INSTITUTION <i>Emerald Heights Academy</i>	ORGANIZATION TYPE: <input 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>Jeanne Belmonte</i>	CONTACT EMAIL <i>ed@emeraldheights.org</i>
CONTACT PHONE <i>425-643-1671</i>	CONTACT FAX <i>425-643-7850</i>
MAILING ADDRESS LINE 1 <i>1420 NW Gilman Blvd Ste 2, ArB 12144</i>	CITY STATE ZIP <i>Issaquah, WA 98027</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:

*Jeanne Belmonte*  
 Signature

*4/19/20*  
 Date Signed

*Jeanne Belmonte*  
 Printed Name

*Executive Director*  
 Printed Title

*Emerald Heights 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