



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

NAME OF EDUCATIONAL INSTITUTION <b>GONZAGA UNIVERSITY</b> <b>502 E BOONE AVE</b> <b>SPOKANE WA 99258</b>	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 <b>STEVE LUNDEN</b>	CONTACT EMAIL <b>lunden@gonzaga.edu</b>
CONTACT PHONE <b>(509) 313-5624</b>	CONTACT FAX <b>(509) 313-5953</b>
MAILING ADDRESS LINE 1 <b>AD BOX B1</b>	CITY STATE ZIP <b>SPOKANE, WA 99258</b>
LOGIN: (FOR WLS PURPOSES ONLY) <b>SLUNDEN</b>	PASSWORD (FOR WLS PURPOSES ONLY) <b>GONZAGA1</b>

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

*Steven M Lunden*

Signature

August 21, 2013

Date Signed

STEVEN M LUNDEN

Printed Name

DIRECTOR OF PURCHASING

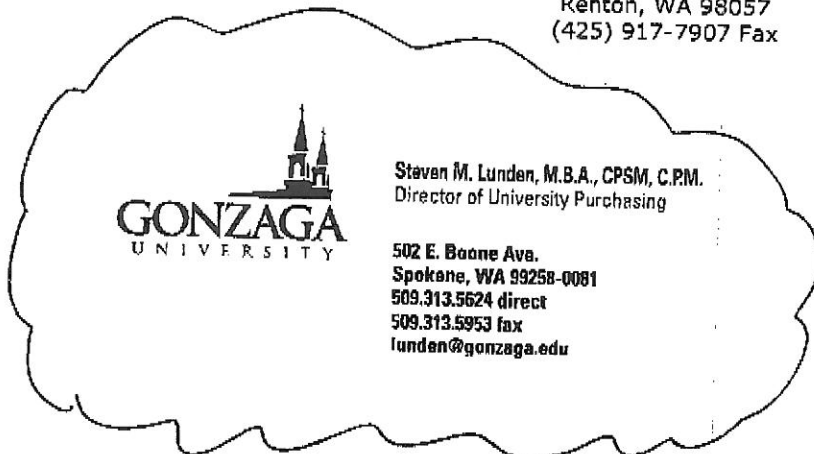
Printed Title

GONZAGA UNIVERSITY

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



*Handwritten signature/initials*