



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

NAME OF EDUCATIONAL INSTITUTION <i>Gospel Outreach School</i>	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 <i>Louise Williams</i>	CONTACT EMAIL <i>golouise@comcast.net</i>
CONTACT PHONE <i>360-786-0070</i>	CONTACT FAX <i>360-357-1417</i>
MAILING ADDRESS LINE 1 <i>1925 SOUTH BAY ROAD</i>	CITY STATE ZIP <i>OLYMPIA, WA 98506</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>goSchool</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>gospel</i>

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

*[Signature]*  
Signature  
*David Hill*  
Printed Name  
*Principal*  
Printed Title

*12/21/09.*  
Date Signed

*Gospel Outreach School*  
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

*sent 12/29*