



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

NAME OF EDUCATIONAL INSTITUTION LOWER COLUMBIA COLLEGE	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 Purchasing SHERRY GOHN, Manager	CONTACT EMAIL sgohn@lowercolumbia.edu
CONTACT PHONE (360) 442-2216	CONTACT FAX (360) 442-2219
MAILING ADDRESS LINE 1 1600 MAPLE STREET - P O BOX 3010	CITY STATE ZIP LONGVIEW, WA 98632
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:

Nolan K. Wheeler
Signature

6/6/14
Date Signed

Nolan K. Wheeler
Printed Name

Vice President for Administration
Printed Title

Lower Columbia 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

Rec'd 6/9/14