



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

NAME OF EDUCATIONAL INSTITUTION <i>Community School of West Seattle</i>	ORGANIZATION TYPE: <input type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input checked="" type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>Sarah Airhart</i>	CONTACT EMAIL <i>CSWS@comcast.net</i>
CONTACT PHONE <i>(206) 763-2081</i>	CONTACT FAX <i>same</i>
MAILING ADDRESS LINE 1 <i>9450 22nd Ave SW</i>	CITY STATE ZIP <i>Seattle WA 98106</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:

[Handwritten Signature]

 Signature

10/8/08

 Date Signed

SARAH AIRHART

 Printed Name

DIRECTOR

 Printed Title

CSWS

 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