



**Washington Learning Source Membership Form**

(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Crosspoint Academy</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>KIM CRANE</i>	CONTACT EMAIL <i>kcrane@crista.net</i>
CONTACT PHONE <i>360-317-7700 x5000</i>	CONTACT FAX <i>360 317-7795</i>
MAILING ADDRESS LINE 1 <i>4012 Chris Way N.W.</i>	CITY STATE ZIP <i>Bremerton WA 98312</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>krane</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>crista</i>

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

*[Signature]*

4-15-11

Signature

Date Signed

*Greg Dugas*

Printed Name

*Purchasing Agent*

Printed Title

*CRISTA Ministries db/a Crosspoint 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