



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

NAME OF EDUCATIONAL INSTITUTION Office of Superintendent of Public Instruction (OSPI)	ORGANIZATION TYPE: <input type="checkbox"/> PRIVATE SCHOOL <input checked="" type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION <input type="checkbox"/> INSTITUTION NONPROFIT EDUCATIONAL
CONTACT PERSON: Dennis Small	CONTACT EMAIL: dennis.small@k12.wa.us
CONTACT PHONE: 360-725-6384	CONTACT FAX: 360-586-7251
MAILING ADDRESS LINE 1: 600 Washington St SE	CITY STATE ZIP: Olympia, WA 98501
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:

Ken Kanikeberg  
 Signature

9-24-10  
 Date Signed

Ken Kanikeberg  
 Printed Name

Chief of Staff  
 Printed Title

Office of Superintendent of Public Instruction  
 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

*10/14/10  
 Rec'd orig.  
 wof*