



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

NAME OF EDUCATIONAL INSTITUTION ST BENEDICT CATHOLIC SCHOOL	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 SUSAN LISI	CONTACT EMAIL s.lisi@stbens.net
CONTACT PHONE 206-633-3375	CONTACT FAX 206-632-3236
MAILING ADDRESS LINE 1 4811 WALLINGFORD AVE NORTH	CITY STATE ZIP 98103
LOGIN: (FOR WLS PURPOSES ONLY) s.lisi@stbens.net	PASSWORD (FOR WLS PURPOSES ONLY) 1Library

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

Maureen Blum  
 Signature

April 1, 2011  
 Date Signed

MAUREEN BLUM  
 Printed Name

Principal  
 Printed Title

ST BENEDICT 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