



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

NAME OF EDUCATIONAL INSTITUTION <i>St. Francis of Assisi</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>Lynn Tolzin</i>	CONTACT EMAIL <i>ltolzin@stfoa.org</i>
CONTACT PHONE <i>(206) 243-5690</i>	CONTACT FAX <i>(206) 433-8593</i>
MAILING ADDRESS LINE 1 <i>P.O. Box 870</i>	CITY STATE ZIP <i>Seahurst WA 98062</i>
LOGIN: (FOR WLS PURPOSES ONLY)	PASSWORD (FOR WLS PURPOSES ONLY)

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

Rosemary Leifer
Signature

1/4/13
Date Signed

Rosemary Leifer
Printed Name

Principal
Printed Title

St. Francis of Assisi
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