



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

NAME OF EDUCATIONAL INSTITUTION Yakima Adventist Christian School 1200 City Reservoir Road Yakima, WA 98908	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 Susan Bailey	CONTACT EMAIL yacs_sec@hotmail.com
CONTACT PHONE 509-966-1933	CONTACT FAX
MAILING ADDRESS LINE 1 1200 City Reservoir Rd	CITY STATE ZIP Yakima WA 98908
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:

PK Frey
 Signature

4-18-10
 Date Signed

Patrick Frey
 Printed Name

Principal
 Printed Title

Yakima Adventist Christian Sch
 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