



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

NAME OF EDUCATIONAL INSTITUTION <i>BELLEVUE COLLEGE</i>	ORGANIZATION TYPE: <input type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input checked="" type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>KAREN WESTERLIND</i>	CONTACT EMAIL <i>kweste1@bellevuecollege.edu</i>
CONTACT PHONE <i>(425) 564-4260</i>	CONTACT FAX
MAILING ADDRESS LINE 1 <i>3000 LANDERHOLM CIRCLE SE</i>	CITY STATE ZIP <i>BELLEVUE, WA 98007</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>kweste1ind</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>5pccalBuy</i>

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

K. Westerlind
Signature

AUGUST 9, 2013
Date Signed

KAREN WESTERLIND
Printed Name

ACQUISITIONS SPECIALIST
Printed Title

BELLEVUE COLLEGE
Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
 Anne Anderson, Director
 Washington Learning Source
 Puget Sound ESD
 800 Oakesdale Ave SW
 Renton, WA 98057
 (425) 917-7907 Fax