



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

NAME OF EDUCATIONAL INSTITUTION <i>West Sound Academy</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>RICK HAUPTMAN</i>	CONTACT EMAIL <i>rhauptman@westsoundacademy.org</i>
CONTACT PHONE <i>360-598-5954</i>	CONTACT FAX <i>360-598-5494</i>
MAILING ADDRESS LINE 1 <i>16571 Creative Dr. NE</i>	CITY STATE ZIP <i>Poulsbo, WA 98370</i>
LOGIN: (FOR WLS PURPOSES ONLY) <del>_____</del>	PASSWORD (FOR WLS PURPOSES ONLY) <del>_____</del>

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

*[Signature]*  
 Signature

*10/12/10*  
 Date Signed

*Joe Kennedy*  
 Printed Name

*Head of School*  
 Printed Title

*West Sound Academy*  
 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

*David 10/12/10*