



MEMBERSHIP APPLICATION

Please select a Membership Plan

PRIVATE OFFICE



Private Office
(See Pricing Matrix Attached)
Minimum One Year
Commitment

DEDICATED DESKS



With Membership Term:
_____ Month to Month
_____ 1 Year

FLEX SEATS



With Membership Term:
_____ Month to Month
_____ 1 Year

Please provide the following contact information:

First Name _____ Last Name _____

Company _____

Owner/Principal of Company _____

Job Title _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ (Cell) or _____ (Home) or _____ (Work)

Email _____

Please initial here if it is OK for us to publish name, industry, title and company website on our Member Directory and on our website. (www.co-workcolumbus.com)

*** We will keep your phone number, address and email private.*

I agree to a term of _____ (month(s) / days(s)) of membership with CoWork Columbus, which will allow me access to CoWork Columbus resources as outlined in this document at the rate of \$ _____ (per month) / (per day). Memberships are billed the first of the month. If your membership starts in the middle of the month we will prorate that month's dues.

Nonrefundable One Time Administrative Fee \$ 40.00

Electronic Key Deposit \$ 10.00

All payments will be AutoDraft and paid in advance – (see attached form).

Please initial here that you have read and understand the CoWork Membership Plan Rates and by providing my payment information, I agree to pay the nonrecurring rate and fees associated with this Application.

Please initial here that you have read and agree to the terms of Use (attached) This document is expressly incorporated herein, and made a part hereof, and shall be a part of our Agreement.

By using Internet or network services (collectively, "Technology") provided by CoWork Columbus, you agree that (a) you are an active Member of CoWork Columbus, (b) your use of the Technology is subject to and in compliance with your Member contract and Privacy Policy (as each may be updated from time to time), (c) we may monitor the health and operation of the Technology, and (d) the Technology is provided "as is" with no guarantee of privacy or suitability for purpose. You agree not to use the Technology without agreeing to all of the foregoing.

Please initial here that you have read and agree to the CoWork Columbus Community Guidelines (attached) which serves as the guideline to being part of CoWork Columbus. I acknowledge and understand the community guidelines may be revised from time to time.

How did you hear about us? _____

I declare that the information I have provided is accurate. I authorize COWORK COLUMBUS or its agent to review and investigate the accuracy of the information contained in this application and consent to a background check if applicable, using the information I have provided in this application.

SIGNATURE _____ DATE _____

(PRINT) NAME _____

Please save this PDF and email it to Kaitlin Moore at kmoore@wcbradley.com.

COWORK COLUMBUS ACCEPTANCE _____ DATE _____

COWORK COLUMBUS STAFF MEMBER _____

NOTES: