



Application for Membership

Thank you for your interest in being a member of **COLaunch**, a coworking space located in Titusville, Florida. Simply complete the following application and submit it to the **COLaunch** program manager (contact information provided below). All applications are reviewed by the **COLaunch** Advisory Board, whose determination is final.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail: _____

Additional Member within same company:

Last First M.I.

Twitter Handle: _____ Website URL: _____

Start date to join us: _____ How did you hear about us? _____

Membership Levels

Please see a description of each membership level in **COLaunch** Participation Agreement. There is a \$10 non-refundable application fee.

- | | |
|--|-------------------|
| <input type="checkbox"/> Open Seating (First-come, first-serve) | \$150 per quarter |
| <input type="checkbox"/> Cube (A dedicated workspace) | \$375 per quarter |
| <input type="checkbox"/> Private Office (A dedicated office) | \$600 per quarter |

- | | |
|--|---|
| <input type="checkbox"/> Part-Time Office (Office space for a day or half day)
A set schedule of days to reserve use of office each month. | \$50 per 8 hour full day or
\$35 per 4 hours/half a day paid quarterly |
| <input type="checkbox"/> Walk In Day Pass (First-come, first-serve one day pass-
open seating) | \$25 per day |
| <input type="checkbox"/> Mail Service (Use of professional address) | \$75 per quarter |
| <input type="checkbox"/> Conference Room Rental | \$75 per 8 hour full day or \$15 per hour/minimum 1 hour |
| <input type="checkbox"/> Additional Member in Same Company | \$75 per quarter |

Briefly state why you would like to join the **COLaunch** community and what you hope to achieve by joining.

A Cowork environment encourages collaboration and support from members. Please state what you bring to the program at **COLaunch**.

References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

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Company: _____	Phone: _____
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Business Description

Use additional sheets if necessary.

Current development stage of your business/enterprise:

- ☐ Startup ☐ 1-2 years in business ☐ 3-5 years in business ☐ over 5 years in business

State your business or enterprise (d/b/a) name: _____

Type of business- Industry (provide NAICS Code, if known): _____

Is your business registered with the State of Florida? ☐ YES ☐ NO ☐ Other: _____

Type of entity (state whether a sole proprietorship, a corporation, a limited liability corporation):

Describe the products/services that you sell: _____

What percentage of sales are generated from clients located outside Brevard County? _____

What is the approximate dollar amount of those out-of-county sales? _____

What is the geographic market for the products/services you sell? _____

Although **COLaunch** is not a business incubator, it does offer a variety of programs to help entrepreneurs grow and understand their business. What areas, if any, would you like assistance in? Please mark with circle.

- Business Plan Development
- Using Social Media Tools
- Understanding Financial Statements and Projections
- Relationship Marketing
- Tapping into Crowdfunding and Other Sources of Financing
- Other (please state):

Have you participated in other cowork spaces, business incubator or other business development programs?

☐ YES ☐ NO

If Yes, please provide information.

Have you received financial assistance from a government/public entity in the past with your current business or prior businesses?

☐ YES ☐ NO

If Yes, what was the assistance and what was the outcome? Please include dollar amount if funding was received.

Disclaimer and Signature

At **COLaunch**, we strive to build a creative, collaborative, and supportive workspace for entrepreneurs and independent workers to work, network, and learn. To achieve this environment, we ask that all potential members apply for membership. Information supplied in this application will be reviewed by a multi-person Advisory Council, comprised of experienced entrepreneurs and business practitioners. Please take the time to provide complete and accurate information.

Be advised that membership in **COLaunch** is non-transferable. If you are accepted as a member, you will be required to abide by all applicable federal, state, and local laws and regulations as a conditional user of the office space facility leased by the North Brevard Economic Development Zone. It is further acknowledged by the applicant that acceptance into **COLaunch** will necessitate execution of a separate Participant Agreement (specifying the responsibilities of a member of **COLaunch**) and a Rules of Conduct Agreement (specifying the rules for use of office space at **COLaunch**).

The undersigned hereby acknowledges this disclaimer, and certifies that all answers provided in this application form are true and complete.

*Should this application lead to participation in **COLaunch** cowork space in Titusville, it is understood that any false or misleading information provided in this application could result in membership denial or termination.*

Signature: _____ Date: _____

Completed applications should be submitted to:

Cathy Musselman
COLaunch Program Director
Executive Director, Greater Titusville Renaissance
2323 South Washington Avenue Ste 102
Titusville, FL 32780

cathy@COLaunch.biz

COLaunch is a program of:



And is supported by:

