



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.

Basic (First-come, first-serve open seating) \$150 per quarter

Cube (A dedicated workspace) \$375 per quarter

Private Office (A dedicated office) \$600 per quarter

- Part-Time Office** (Office space for a day) \$50 per day or \$35 for 4 hours
 - Day Pass** (First-come, first-serve one day pass- \$25 per day open seating)
 - Mail Service** (Use of professional address) \$75 per quarter
 - Conference Room Rental** \$75 per day or \$15 per hour/minimum 1 hour
 - 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.
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A Cowork environment encourages collaboration and support from members. Please state what you bring to program at **COlaunch**.

References

Please list three professional references.

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

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?

_____ 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 Manager
Executive Director, Greater Titusville Renaissance
2323 South Washington Avenue Ste 102
Titusville, FL 32780

cathy@greatertitusville.org

CoLaunch is a program of:



And is supported by:

