# MEMBERSHIP APPLICATION

WEST VIRGINIA STATE UNIVERSITY
ECONOMIC DEVELOPMENT CENTER

Name:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Alt. Phone:_____

Email: _____

Driver's License #:_____ Date of Birth:_____

***No one under the age of 18 is permitted without being accompanied by a parent/guardian.***

Company/Organization Name: _____

Company/Organization Description:_____

☐ Mailbox Needed ☐ No Mailbox

## Select Professional Plan: ALL ROOMS MUST BE RESERVED*

**Evening/Saturday access is available by request with a minimum of two weeks' advance notice*

### ☐ Business Plan (2 Partners)

- $50 per month with 6-month membership agreement
- Access to facility during business hours: Monday–Friday from 8:30 a.m.–5 p.m.
- Facility access after hours and Saturdays by reservation ONLY — 2 weeks advance notice
- Access to open work bar, computer stations, Wi-Fi, and conference phone
- Access to a shared office or Meeting Space for 32 hours per month
- Business Services: Notary (fee), Copy/Fax/Scan (limited to 50 copies/month**)
- Usage of facility's mailing address for business purposes

### ☐ Studio Plan (2 Partners)

- $75 per month with 6-month membership agreement
- Access to everything in the Business Plan
- Access to Voice or Capture Studio for 40 hours per month
- Unlimited access to the editing suite when available

### ☐ One Stop Workspace Plan (2 Partners)

- $300 per month with a 12-month lease agreement
- Private, furnished office space with dedicated phone line and high-speed internet
- Access to facility: Monday–Friday from 8:30 a.m.–5 p.m.
- Access to Meeting Space for 10 hours per week
- Business Services: Notary (included), Copy/Fax/Scan (limited to 75 copies/month**)
- Usage of facility's mailing address for business purposes

***Additional photocopies, computer printing and faxing at 10¢ per sheet (black and white only). Color copies and lamination available at 50¢ per sheet.*

## Tenants and Co-Working Members

Only one code is provided with your plan. You can request your partner be granted an access code for an additional $10.00 fee. The tenant/co-working member cannot share their code with anyone, including partners. Sharing your code is a violation of the policies and procedures of the EDC and can result in your membership being terminated without refund of payments made.

Membership Start Date: _____ Membership End Date: _____

**Payment Schedule:**

- Invoice monthly; payment due on the 1st of each month.
- Payments can be made on our website at **www.wvsuedc.org**
- Credit, debit, check, or money orders are acceptable payment methods.
  Make Check/Money Order payable to: WVSU EDC

I, _____ , hereby acknowledge that I have read and understand the Coworking Membership Plan details and the EDC Policies & Procedures and further agree to be bound by these terms regarding my participation in and use of the EDC facility and services. I understand that failure to abide by these terms may result in termination of agreement and facility access and forfeiture of monies paid.

Member Signature: _____ Date: _____

EDC Director Signature: _____ Date: _____

Applications can be emailed to **edc@wvstateu.edu**. Please include your name and "New Application" in the subject line.

## For Office Use Only

Building Tour completed on: _____ By: _____

Equipment Training conducted on: _____ By: _____

Access Code assigned: _____ By: _____

Policies & Procedures reviewed: _____ By: _____

Copier Code assigned: _____

R&D Executive Director approved: _____

Additional Notes:

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