



WEST VIRGINIA STATE UNIVERSITY ECONOMIC DEVELOPMENT CENTER

Membership Agreement

Name: _____

Home Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Driver's License #: _____ Birthdate: _____

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

Please choose an access code (Must be 4 digits): _____

Company/ Organization Name: _____

Company/Organization Description: _____

Usage of mailing address: Mailbox needed Mailbox not need

Select Membership Plan: ALL ROOMS MUST BE RESERVED

☐ **Pop-in Plan:** Freeduringoffice hours M-F 8:30am-5:00pm

- Access to open work bar, computer station and Wi-Fi
- Business Services- copy/fax/scan at 25 cents per sheet)

☐ **Business Plan** (2 Partners) - \$25.00 per month with 6 month membership agreement

- Access to facility M-F 8:30am-10:00pm; Sat 8:30am-5pm; Sun 8:30am-5pm
- Access to open work bar, computer stations, Wi-Fi and conference phone
- Access to Shared Office for 8 hrs per week or Space for 5 hrs per week
- Access to networking and consultations opportunities among co-workers & events
- Business Services- Stamps/envelopes, copy/fax/scan (**limited to 50 copies per month. Additional photocopies, computer printing and faxing at 10 cents per sheet**)
- Usage of facility's mailing address for business purposes

☐ **Studio Plan** (2 Partners) - \$50.00 per month with 6 month membership agreement

- Access to Studio M-F 8:30am-10:00pm; Sat 8:30am-5pm; Sun 8:30am-5pm
- Access to Voice or Capture Studio for 10 hours per week
- Unlimited Access to Editing Room when available
- Access to Shared Office or Meeting Space for 5 hours per week
- Usage of facility's mailing address for business purposes

☐ **Office Tenant** (2 Partners) - \$300.00 per month with a 12 month lease agreement

- Private, furnished office space with dedicated phone line and high-speed internet
- Access to office M-F 8:30am-10:00pm; Sat 8:30am-5pm; Sun 8:30am-5pm
- Access to Meeting Space for 5 hrs per week
- Business Services- Stamps/envelopes, copy/fax/scan (**limited to 100 copies per month. Additional photocopies, computer printing and faxing at 10 cents per sheet**)
- Usage of facility's mailing address for business purposes

WVSU EDC | 1506 Kanawha Blvd., West, Charleston, WV 25387 | P 304.720.1401 | F 304.720.1414

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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.
- ☐ Cash is accepted in person only.
- ☐ Credit, Debit, Check or Money Orders are acceptable payment methods.
(Make Check/Money Order payable to: WVSU EDC)
- ☐ Automatic withdrawal monthly on the 1st of each month. (Form available upon request)

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 Rep. Signature: _____ Date: _____

For Office Use Only:

Building Tour Completed on: _____ *By:* _____

Equipment Training conducted on: _____ *By:* _____

Was an access code assigned? _____

Policies & Procedures version _____

Additional Notes:
