

NEW MEMBER APPLICATION

What type of Membership are you interested in? _____

Company Name: _____

Owner(s) Name: _____

Contact Name: _____

Contact Information

Phone Number(s): _____

Email: _____

Mailing Address: _____

Emergency Contact (Name/Relationship/Phone Number): _____

Provide copies of the following

- Driver's License
- If a Corporation:
 - Articles of Incorporation and any amendments
 - By Laws and any amendments
 - Names of all current directors and officers
- If a Limited Liability Company:
 - Articles of Organization and any amendments
 - Operating agreement and any amendments
 - Names of all members and managers
- If a General or Limited Partnership:
 - Partnership agreement and any amendments
 - Names of all current partners (general and/or limited)
- Completed credit¹ & background form
- Application Fee \$50 check made payable to Hollywood Workspace.

Pay Application Fee

Items Needed Prior to Move-In

- Initial payment
- Signed license agreement
- Signed copy key & entrance agreement
- Signed internet access terms
- Virtual receptionist intake form

¹ Only applicable for Private Office Membership

BACKGROUND REPORT RELEASE FORM
PLEASE READ CAREFULLY

BY MY SIGNATURE BELOW I AUTHORIZE

To obtain a ~~Consumer Credit Report~~ and/or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA)

The background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I Hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant Name _____

Social Security _____

Date of Birth _____

Current Street Address _____

Driver's License # _____ State _____

Signature _____

Date _____

**** NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE**