



## MEMBER AGREEMENT

Please initial here if it is okay for us to publish, name, industry, title and company website on our Member Directory and on our website (workawayspace.com).

\*\* We will keep you phone number, address and email private.

I agree to a term of \_\_\_\_ month(s) of membership with Work Away which will allow me access to Work Away resources as outlined in this document at the rate of \$\_\_\_\_ (per month). Memberships are billed the first of the month. If your membership starts in the middle of the month, we will prorate that month's dues. All payments will be AutoDraft, PayPal or Cash app and paid in advance – (see attached form).

Please initial here that you have read and understand the Work Away membership Plan Rates and by providing my payment information. I agree to pay the nonrecurring rate and fees association with this application.

Please initial here that you have read and agree to the terms of Use (attached). This document is expressly incorporated herein, and made a part hereof, and shall be a part of our Agreement.

By using Internet or network services (collectively, "Technology") provided by Work Away you agree that (a) you are an active member of Work Away, (b) your use of Technology is subject to and in compliance with your Member agreement and Privacy Policy (as each may be updated from time to time), (c) we may monitor the health and operation of Technology, and (d) the Technology provided "as is" with no guarantee of privacy or suitability for purpose. You agree not to use the Technology without agreeing to all of the foregoing.

Please initial here that you have read and agree to the Work Away Community Guidelines (attached) which serves as the guideline to being part of Work Away. I acknowledge and understand the community guidelines may be revised from time to time.

How did you hear about us? \_\_\_\_\_

I declare that information I have provided is accurate. I authorize Work Away or its agent to review and investigate the accuracy of the information and contained in this application and consent to a background check if applicable, using the information I have provided in this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(PRINT) NAME \_\_\_\_\_

WORK AWAY ACCEPTANCE \_\_\_\_\_ DATE \_\_\_\_\_

WORK AWAY STAFF MEMBER \_\_\_\_\_

workawayspace.com  
1048 Main Street  
Stone Mountain, GA 30083