



MEMBERSHIP APPLICATION

Please select a Membership Plan

PRIVATE OFFICE	DEDICATED DESKS	FLEX SEATS
Private Office (See Pricing Matrix Attached) Minimum One Year Commitment	With Membership Term: ____ Month to Month ____ 6 Month ____ 1 Year	With Membership Term: ____ Month to Month ____ 6 Month ____ 1 Year

Please provide the following contact information:

First Name _____ Last Name _____

Company _____

Owner/Principal of Company _____

Job Title _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ (Cell) or (Home) or (Work)

Email _____

workawayspace.com
1048 Main Street
Stone Mountain, GA 30083