



FLEXIBLE SPACE ASSOCIATION

WORKSPACE OPERATOR MEMBERSHIP APPLICATION FORM

Company:

Contact Name:

Position:

Telephone:

Address:
 Post Code:

Email:

Website:

Services Provided:

<input type="checkbox"/> Serviced offices	<input type="checkbox"/> Meeting rooms	Other – please specify
<input type="checkbox"/> Co-working space	<input type="checkbox"/> Virtual office & mailbox	<input type="text"/>
<input type="checkbox"/> Workshop units		

Number of locations:

Please return this form to info@flexsa.co.uk