

YOU AND YOUR BUSINESS

NAME: MOBILE:
 BUSINESS NAME: BUSINESS NUMBER:
 BUSINESS ADDRESS:

 EMAIL:
 IS THIS YOUR FULL TIME BUSINESS?:
 YES: NO:
 ROLE IN BUSINESS:
 BRIEFLY DESCRIBE YOUR PROFESSION::

 DO YOU CONSENT TO LETTING CO LAB PUBLISH YOUR BUSINESS DETAILS ON THE CO LAB WEBSITE AS WELL AS SOCIAL PLATFORMS?: YES: NO:

MORAL OBJECTIVES AGREEMENT

BY TICKING EACH BOX, YOU AGREE TO OUR MORAL OBJECTIVES:

- | | |
|---|---|
| 1) To be honest and open at all times.
I AGREE: <input type="checkbox"/> | 5) To be in regular communication with my fellow members.
I AGREE: <input type="checkbox"/> |
| 2) To address areas of concern swiftly and directly.
I AGREE: <input type="checkbox"/> | 6) To be willing to participate in the Lab and to make every effort to help fellow Lab members
I AGREE: <input type="checkbox"/> |
| 3) To be accountable for my own actions and to hold others accountable for theirs.
I AGREE: <input type="checkbox"/> | |
| 4) To do what I hold out that I will do.
I AGREE: <input type="checkbox"/> | <i>*(Professional standards outlined in a formal code of ethics, supersede the above standards.)</i> |

PAYMENT

REFERENCES

TICK IF YOU AGREE TO THESE PAYMENT TERMS:

ONE OFF SUBSCRIPTION PAYMENT OF: £400

I AGREE:

MONTHLY SUBSCRIPTION PAYMENT OF £40

I AGREE:

BANK DETAILS: THE COLLABORATION LABORATORY LTD
04-06-05 18778391

NAME:
 TEL:
 EMAIL:
 BUSINESS RELATIONSHIP: (DESCRIBE)

NAME:
 TEL:
 EMAIL:
 BUSINESS RELATIONSHIP: (DESCRIBE)

POLICY AGREEMENT

BY TICKING THE BOX BELOW, YOU AGREE TO THE CO LAB POLICIES AND YOU WILL DO YOUR VERY BEST TO FOLLOW THEM IN A PROFESSIONAL MANNER.

I AGREE:

SIGN AND DATE

NAME:
 DATE:

SIGN: