## Fairfax County Secure Bike Room Membership Application



NOTE: You must be at least 18 years of age to become a member

Application	I I ype (check one):				
NEW	☐ 6 months	□ 1 year	□ 2 yea	rs	
RENEWAL	☐ 6 months	□ 1 year	□ 2 yea	rs	
Name (First ar	nd Last):				
Home Address	S:				
				· · · · · · · · · · · · · · · · · · ·	
Telephone Number (Day):					
Driver's License Number:			State:	State:	
Date of Birth:_					
		an register up to e room at a time)	three bicycle:	s but you can only	
	Bicycle	1 Bicy	cle 2	Bicycle 3	
Bicycle Mak	e:				
Model:					
Color:					
Serial Numb	er.				

Note: The serial number is optional but recommended.

Application		□ NEW	☐ RENEWAL
Type (check			
one):			
Fee Schedule	One Time Application/Processing Fee	\$15	\$0
	6-Month Membership	\$40	\$40
	Annual Membership (1 Year)	\$60	\$60
	2 Year Membership	\$100	\$100
Subtotal:			
Annual Fee	Enter Code Here:	Enter Discount Here:	Enter Discount Here:
Discount Code			
and Amount (if applicable)			
Total/Amount Enclosed*	(Subtotal - Discount = Total)		

<sup>\*</sup>Please make checks payable to Fairfax County.

Questions, comments, suggestions...contact the Fairfax County Department of Transportation Secure Bicycle Parking Program staff at (703) 877-5600, TTY 711, or email us at: <a href="mailto:BikeFairfax@fairfaxcounty.gov">BikeFairfax@fairfaxcounty.gov</a>

This section for FCDOT use only:

Agreement Signed?	Application Fee Amount Paid:	
Check No.:	Locker # Assignment	
Access Key Fob #:	Bicycle Registration #:	
Lease Begins:	Lease Ends:	