

Fairfax County Secure Bike Room Membership Application



First and Last Name: _____

Home Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone Number: _____ Date of Birth: _____

Identification or Driver's License Number: _____ State: _____

Bicycle Registration (Register up to three bicycles but please leave one bicycle in the room at a time)

	Bicycle 1	Bicycle 2	Bicycle 3
Bicycle Make:			
Model:			
Color:			
Serial Number (optional):			

Application Type (check one):		<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
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
	Discount code and amount if applicable		
Total:			

*Checks payable to **Fairfax County**.

Questions or feedback? Please contact the County staff at (703) 877-5600, TTY 711, or email: DOTbicycleprograms@fairfaxcounty.gov

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:	