



capital bikeshare™

Community Partners Program Enrollment Form

Organization's Name _____

Organization's Address _____

Organization's Main Phone _____ Tax ID _____

Contact 1 Name _____ Contact 2 Name _____

Contact 1 Email _____ Contact 2 Email _____

Contact 1 Phone _____ Contact 2 Phone _____

Community Partner Program Membership (\$5 +Usage)

Quantity _____ Total \$ _____

Payment Method

Online credit card payment at <https://capitalbikeshare.com/store/corporate>

Please invoice us for the amount due, we will pay by check.

Password

Please create a password for your organization's account: _____

Account Rep _____ Date _____



Please complete this form and return by email to:

goDCgo
202.299.2186
info@goDCgo.com

Please attach any event promotion flyers, posters, emails, etc.