



**EMPLOYEE DISCOUNT PROGRAM valid for:  
MIAMI-DADE COUNTY – JACKSON HEALTH – FL DEPT OF HEALTH EMPLOYEES**

**\*\*\*Participating Employees must either provide a copy of their work ID with this application OR use the official email address issued by your employer to verify your status as an employee\*\*\***

*Please fill out, scan and send via email to: monica@decobike.com*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Driver Lic #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Gender:** M F **Occupation:** \_\_\_\_\_

**Tel/Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Security Deposit:** WAIVED **Membership:** Standard (Unlimited 30min trips) **Annual Fee:** \$99

**Name exactly as it appears on Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Security code or CCV # (3 or 4 digits):** \_\_\_\_\_ **Type of Card:** Visa MasterCard Amex

***\*If Billing Address is different from Home Address, please fill in:***

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Citi Bike Miami is operated by DECOBIKE, LLC. I hereby warrant that I am at least 18 years of age and that all the above information is true and correct. I authorize DECOBIKE, LLC., or its assigns, to process my application to create my Citi Bike Miami account. My membership provides me with unlimited daily 30-minute trips/rentals for a period of one (1) year. I authorize DECOBIKE to bill my credit or debit card for any late fees that I am responsible for as a result of not returning a bike on time. If I destroy or fail to return a program bike, I hereby authorize DECOBIKE to charge my card for the replacement cost of the bike (\$800). Additionally, I shall use DECOBIKE safely and in accordance with the terms and conditions of the Citi Bike Miami/DECOBIKE User Agreement at all times.

\_\_\_\_\_  
Applicant / Cardholder Signature                      Date                      DecoBike Specialist