



ARTMA

Fare-less Cab Company Enrollment Form

Complete and fax to 410-269-5989; attn: Clean Commute Coordinator. Please contact a Clean Commute representative at 410-263-7964 x107 for additional information.

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____

Phone: _____ Email: _____

Fare-less Cab Representative (if different than contact): _____

ARTMA member: yes no

As a member benefit, ARTMA will provide a subsidy of 10% of your dues, on an annual basis, towards any incurred cab fares. ARTMA membership has its benefits! Visit www.artma.org or call 410-897-9340 for more information.

Approximate # of 'clean commuters' eligible for program:

0-10 11-20 21+ (specify number: _____)

I understand that by enrolling in the **Fare-less Cab Program**, my organization agrees to pay all or a portion of the cab fare of any employee who submits a valid Fare-less Cab voucher. The above listed contact/representative is responsible for maintaining the vouchers and will contact the Clean Commute Program at 410-263-7964 x107 immediately if any vouchers are lost or stolen.

Signature (authorized company representative)

Date

Fax to: 410-269-5989
attn: Clean Commute Coordinator

For internal use only

Fare-less Cab ID Number: _____