



2007-08 COMMUTE CLUB REFER-A-FRIEND APPLICATION
(NOT a Commute Club application)

**TO BE COMPLETED BY EXISTING COMMUTE CLUB MEMBER
AND NEW MEMBER JOINING THE COMMUTE CLUB.**

ELIGIBILITY REQUIREMENTS

- The current member and the new member must both stay in the Commute Club at least three months from the date the application is processed.
- The current member must be enrolled in the Commute Club for at least one month prior to submitting a Refer-a-Friend application.
- The new member must not have been in the Commute Club (receiving Clean Air Cash or Carpool Credit) any time during the past two years.
- The new member must meet the criteria for Commute Club membership (as defined on the Commute Club application) and must submit a separate Commute Club application.
- The Refer-a-Friend application must accompany the new member's Commute Club application or the new Commute Club application must be received by P&TS within two weeks of the Refer-a-Friend form submission.

INCENTIVE PAYMENTS occur approximately two weeks after the end of each quarter.

WHO ARE YOU? <small>(existing member information)</small>			CHECK ONE BOX BELOW	
LAST Name	FIRST Name		<input type="checkbox"/> University employee	
Street address			<input type="checkbox"/> Hospital, LPCH, or Clinics employee	
City	State	Zip	<input type="checkbox"/> Commuting student or postdoc	
Full email address	Daytime phone		<input type="checkbox"/> Other (sponsorship form required)	
Current member SIGNATURE			Stanford ID number/Hospital file ID*	
			Date	

*not your badge number - your file ID number is on your timecard or paycheck stub.

WHOM ARE YOU SPONSORING? <small>(new member information)</small>			CHECK ONE BOX BELOW	
LAST Name	FIRST Name		<input type="checkbox"/> University employee	
Street address			<input type="checkbox"/> Hospital, LPCH, or Clinics employee	
City	State	Zip	<input type="checkbox"/> Commuting student or postdoc	
Full email address	Daytime phone		<input type="checkbox"/> Other (sponsorship form required)	
Department name		Worksite address (if employee)		
New member SIGNATURE			Date	

*not your badge number - your file ID number is on your timecard or paycheck stub.

PARKING & TRANSPORTATION SERVICES – OFFICE USE ONLY		
Date received	Date qualified (three months from date received)	
INCENTIVE PAID TO:		
Name	Amount	Date

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Revised 4/08