



2009-10 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 must have shared Commute Club information and/or actively encouraged or helped the new member to use alternative transportation instead of driving alone to Stanford.
- 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 be received by P&TS at the same time or within two weeks of the new member's Commute Club application submission.

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

CURRENT MEMBER INFORMATION

LAST Name		FIRST Name		Check one box	
Street address				<input type="checkbox"/> University employee	
City		State	Zip	<input type="checkbox"/> Hospital, LPCH, or Clinics employee	
Full email address		Daytime phone		<input type="checkbox"/> Commuting student or postdoc	
Current member SIGNATURE				<input type="checkbox"/> Other (sponsorship form required)	
				Stanford ID number/Hospital file ID*	
				Date	

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

NEW MEMBER INFORMATION

LAST Name		FIRST Name		Check one box	
Street address				<input type="checkbox"/> University employee	
City		State	Zip	<input type="checkbox"/> Hospital, LPCH, or Clinics employee	
Full email address		Daytime phone		<input type="checkbox"/> Commuting student or postdoc	
				<input type="checkbox"/> Other (sponsorship form required)	
				Stanford ID number/Hospital file ID*	
Describe how existing member encouraged you (new member) to use alternative transportation:					
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)	Approved by
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INCENTIVE PAID TO:

Name	Amount	Date
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REFER-A-FRIEND

Revised 8/09