



2015-16 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 (Please check all that apply)

Current Member

- I have shared Commute Club information and/or actively encouraged or helped the new member to use alternative transportation instead of driving alone.
- I have been enrolled in the Commute Club at least one month immediately prior to submitting this application.
- I understand the new member and I must remain in the Commute Club at least three months from the date this application is received by P&TS for me to be eligible for the bonus.
- I understand that fraudulently applying for a Refer-A-Friend bonus could result in disciplinary action and/or revocation of privileges.
- I understand that 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.

New Member

- I have not been in the Commute Club (receiving Clean Air Cash or Carpool Credit) any time during the past two academic years.
- I meet Commute Club eligibility requirements as defined on the Commute Club application.
- I understand that I must submit a separate Commute Club application to enroll in the Commute Club.
- I understand that fraudulently applying for a Refer-A-Friend bonus could result in disciplinary action and/or revocation of privileges.
- I understand that the Refer-A-Friend application must be received by P&TS at the same time or within two weeks of my (the new member's) Commute Club application.

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 Code	<input type="checkbox"/> Hospital 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 Code	<input type="checkbox"/> Hospital 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
INCENTIVE PAID TO:		
Name	Amount	Date

REFER-A-FRIEND

Revised 7/15