



Commuter Benefits Agreement

(Available also in www.mcclellanparktma.org)

I, _____, agree to participate in the annual online three

Please Print

minute Commute Survey in October in exchange for TMA transportation benefits. I understand that failure to complete the survey, to validate the use of my commute benefit, will result in removal from this program.

I also agree to register in www.sacregioncommuterclub.org before submitting this agreement and have confirmed below in the "YES" box.

MY PRIMARY COMMUTE MODE:

COMMUTE BENEFIT RECEIVED:

Transit (bus and /or light rail)

50% Transit Subsidy (\$42.50)

Carpool

Designated Parking Space

Vanpool

\$65 Vanpool Subsidy

Bicycle

Secure, enclosed bicycle locker

Shower Pass - California Family Fitness

Employer: _____

Work Telephone: _____

Home/Personal Email: _____

Work Email: _____

Signature: _____

Date: _____

I am registered in www.sacregioncommuterclub.org

YES

NO

**ALL MCCLELLAN PARK COMMUTE PROGRAM PARTICIPANTS MUST HAVE A
COMMUTER BENEFITS AGREEMENT ON FILE WITH THE TMA.**

FAX FORM TO: 916.568.2764

BEV RAGER

MCCLELLAN PARK TMA