



**State Employees Commuter Association. P. O. Box 14373. Albuquerque, NM 87191-4373 (505) 410-1742**

## Membership Application

Type of Application:  New  Update Email Address: \_\_\_\_\_

How did you hear about SECA? \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_

Major cross streets closest to work \_\_\_\_\_ (E/W)/ \_\_\_\_\_ (N/S)

I work in the \_\_\_\_\_ building.

Rider Status:  Full-time  Stand-by  Temporary / Seasonal

Scheduled work hours \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Date of Birth (optional) \_\_\_\_\_

I understand and agree that by applying for membership in SECA, I must abide by the By-laws, Policies and Procedures, and Code of Conduct of said organization. I further understand that a one-time, non-refundable fee of Ten Dollars (\$10.00) is required and entitles me to ride on a SECA van as long as I have paid in advance for that ride. I understand that I am responsible for promptly advising the SECA office of any illegal or unsafe situations occurring on a SECA van.

I, the undersigned, agree to pay Ten Dollars (\$10.00) to the SECA Driver or representative on the day that I begin riding a SECA van.

\_\_\_\_\_  
Applicant's Signature Date \_\_\_\_\_

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### For Van Coordinator only

Application accepted by \_\_\_\_\_ Date \_\_\_\_\_

Member on Rte # \_\_\_\_\_ Membership fee paid on \_\_\_\_\_ \$ \_\_\_\_\_

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### For SECA Administrator only

Date received by SECA office \_\_\_\_\_ Fee received?  Yes  No

**Coordinator: Mail this form along with \$10 fee to SECA with your current month's report**