



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hamilton Area YMCA Corporate Membership Verification Form

This is to certify that

Employee Name: _____

Please check off the company that the requesting employee is **currently employed** by:

- | | |
|--|---|
| <input type="checkbox"/> ARC of Mercer | <input type="checkbox"/> Mercadien Employees |
| <input type="checkbox"/> Bloomberg | <input type="checkbox"/> Mercer County Employee |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> New Jersey Manufacturers |
| <input type="checkbox"/> Cassara Consulting Referrals | <input type="checkbox"/> Nexus Properties |
| <input type="checkbox"/> CBHNP/PerformCare | <input type="checkbox"/> NJ State Employees |
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> NJEA Employees & Members |
| <input type="checkbox"/> First Bank | <input type="checkbox"/> Nottingham Insurance Employees |
| <input type="checkbox"/> First Choice Bank | <input type="checkbox"/> Nucleus Central |
| <input type="checkbox"/> Global Industries | <input type="checkbox"/> PBA #105 Members |
| <input type="checkbox"/> Hamilton Continuing Care | <input type="checkbox"/> PHCS Employees |
| <input type="checkbox"/> Hamilton Dental Associates | <input type="checkbox"/> PNC Bank Employees |
| <input type="checkbox"/> Hamilton Mom's Club | <input type="checkbox"/> PSE&G Employees |
| <input type="checkbox"/> Hamilton Pediatric Associates | <input type="checkbox"/> Stark & Stark |
| <input type="checkbox"/> Hamilton Township Employees | <input type="checkbox"/> Trenton Housing Authority |
| <input type="checkbox"/> Hutchinson Industry Employee | <input type="checkbox"/> United Way |
| <input type="checkbox"/> IAABO Board 193 | <input type="checkbox"/> Verizon Employees |
| <input type="checkbox"/> Italian American Sports Club Member | <input type="checkbox"/> Wawa Associates |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Wells Fargo |
| <input type="checkbox"/> Leading Edge Recovery Center | <input type="checkbox"/> West Windsor Twp. Employees |

To be completed by employee's Supervisor:

I agree to verify employment for the Hamilton Area YMCA once annually, for the sole purpose of maintaining membership records and fees.

Employee must present company ID (if applicable) and completed verification from upon application for a corporate membership.

Verified By: _____ Title: _____

Please contact Joe Fuhrman, Associate Branch Director, at 609.581.9622 ext. 132 with questions.