



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hamilton Area YMCA 2021 Corporate Membership Partners

This is to certify that

Employee Name: _____

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

10% Membership discount:

- | | |
|--|---|
| <input type="checkbox"/> AAA Employees | <input type="checkbox"/> New Jersey Manufacturers |
| <input type="checkbox"/> Bristol-Myers Squibb | <input type="checkbox"/> New Jersey State Employees |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Penn Medicine Princeton Health |
| <input type="checkbox"/> Hamilton Continuing Care | <input type="checkbox"/> PSE&G |
| <input type="checkbox"/> Hamilton Township Employees | <input type="checkbox"/> Spiezle |
| <input type="checkbox"/> Mercer County Employees | <input type="checkbox"/> Verizon Employees |

10% Membership discount & waived joiner fee:

- | | | |
|---|---|---|
| <input type="checkbox"/> Firefighters* | <input type="checkbox"/> Teachers* | <input type="checkbox"/> Doctors, Nurses, EMTs* |
| <input type="checkbox"/> Law Enforcement* | <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Military | <input type="checkbox"/> YMCA BASE Families | |

**Must be employed in Mercer County.*

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 Worksite Wellness Partner Membership.

Verified By: _____ Title: _____

Employer: _____

Please contact Kailin Vena, Director of Member Experience and Wellness, at 609.581.9622 ext. 140 with questions.