



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Hamilton Area YMCA 2019 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"/> Y's Owls Preschool Families |
| <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: \_\_\_\_\_