



MEMBERSHIP APPLICATION

\$ 200 Annual Fee

Date of Application: _____ Referred By Shop Hamilton Member: _____

Business Name: _____

of Employees: _____ Industry Category: _____

Owner: _____

Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Web URL: _____

Shop Hamilton holds regular monthly meetings, and all members are encouraged to attend. In addition to being a great opportunity to meet and greet fellow members, the group often discusses any upcoming events and decides on any changes to the overall direction. Set your reminders now!

Monthly Shop Hamilton meetings

YMCA

1315 Whitehorse Mercerville Rd Hamilton Township, NJ 08619

8:00am sharp, on the last Wednesday of each month

Please make your check payable to **Shop Hamilton**. Mail your payment and completed application to:

**Jill Ryan
624 Paxson Avenue
Hamilton, NJ 08619**

“Office Use Only” Payment Received By _____ Form of Payment _____ Membership Good Through _____ Date Deposited _____