DEPARTMENT OF DEFENSE - ARMED SERVICES YMCA

MILITARY OUTREACH INITIATIVE

NEW MEMBERSHIP & RENEWAL APPLICATION

- Service Member/Spouse: Complete all sections and email signed form to the appropriate MCAO listed below.
- NOTE: Renewal Requests **MUST** include the facility attendance report **AND**, if applicable, a Waiver Request Form if did not meet attendance requirements. See "Program Instructions and Requirements" for additional information.

Section 1

Status *(Select One)*: ☐ NEW Request ☐ RENEWAL Request ☐ RENEWAL + WAIVER Request

Facility *(Select One)*: ☐ YMCA Facility ☐ Private Fitness Facility

Fitness Facility Name: _____

Address: _____

(Category 1 must list "unit-designated" fitness facility listed on the MCAO approved "Independent Duty Station-Command Form")

Section 2

Service *(Select ALL That Apply)*: ☐ National Guard ☐ Reserve ☐ Army ☐ Navy ☐ Marine Corps ☐ Air Force

Assignment Timeline *(mm/yyyy)* **Start:** _____ **End:** _____

Title 10 Category *(Select One – Category 1 must complete unit information)*

☐ Category 1 – Active Duty Independent Duty Personnel, National Guard & Reserve Component

Unit Name: _____ Unit Phone: _____

Unit POC: _____ POC Email: _____

Duty Station Street Address: _____

☐ Category 2 – Unaccompanied Spouse/Family of Active Duty

☐ Category 3 – Unaccompanied Spouse/Family of Deployed Guard and Reserves

☐ Category 4 – Soldier Recovery Unit / Warrior Care Unit

Section 3

Membership Type *(Select One)*: ☐ Service Member ONLY ☐ Spouse ONLY ☐ Family (2+)

Service Member *(Last, First)*: _____ **Rank:** _____

Duty Email: _____ **Duty Phone:** _____

(List ONLY dependents that will use the facility; use additional sheet if necessary)

Spouse *(Last, First)*: _____ **Spouse Email** *(Optional)*: _____

Child 1: _____ **Age:** _____ **Child 4:** _____ **Age:** _____

Child 2: _____ **Age:** _____ **Child 5:** _____ **Age:** _____

Child 3: _____ **Age:** _____ **Child 6:** _____ **Age:** _____

Member Certification: *I certify the information provided is accurate and all eligibility criteria for the specified category is met (including Title 10 requirement). I agree to pay any cost above the DoD-funded rate ($57 single / $80 family) to include any optional services I elect. I understand that I must comply with the mandatory attendance requirement to be eligible for my six-month renewal consideration and that intentionally providing false information to secure services under a Defense contract is cause for disciplinary action and may be prosecutable.*

Member/Spouse Digital or Hand Signature: _____ **Date:** _____

Military Component Approving Official (MCAO) Verification: *(Select One)*: ☐ NEW – Approved (or) ☐ RENEWAL Request for ASYMCA Determination

MCAO Digital Signature/Date: _____

Revised 04/22/2024