



# DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



## MEMBERSHIP APPLICATION

**INSTRUCTIONS:** See “Program Instructions and Requirements” for additional information.

- Service Member/Spouse – complete all sections and email signed form to the appropriate MCAO org box.

*NOTE: ~~Renewal applications must include the facility attendance report and if applicable, a waiver request for non-compliance.~~ **Waived COVID-19.***

### Section 1

**Status** (Select ALL That Apply):  NEW Request    RENEWAL Request    Waiver Request

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

**Fitness Facility Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

*(Category 1 must list their “unit-designated” fitness facility listed on the MCAO approved “Designation 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

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 – Community Based Warrior Transition 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 (\$50 single / \$70 family) to include any optional services I elect. I understand that I must comply with the mandatory attendance requirement to be eligible for renewal consideration and that intentionally providing false information to secure services under a Defense contract is cause for disciplinary action and may be prosecutable.*

**Service Member/Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MCAO Verification** (Select One):  NEW – Approved (or)  RENEWAL Request for ASYMCA Determination

**Digital Signature/Date:** \_\_\_\_\_

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