



## DoD - ARMED SERVICES YMCA MILITARY OUTREACH INITIATIVE



### NEW MEMBERSHIP & RENEWAL APPLICATION

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

#### Section 1

**Status** (Select ALL That Apply): ☐ NEW Request ☐ RENEWAL Request ☐ RENEWAL + WAIVER (not meet attendance) Request

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

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

**Street 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):

☐ Army ☐ Marine Corps ☐ Navy ☐ Air Force ☐ Space Force ☐ Guard on Title 10 ☐ Reserve on Title 10

**Assignment Timeline** (mm/yyyy) **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

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

☐ Category 1 – Active Duty Independent Duty Personnel and Guard / Reserve on Title 10 Orders

Unit Name: \_\_\_\_\_ Unit Phone: \_\_\_\_\_

Unit POC: \_\_\_\_\_ POC Email: \_\_\_\_\_

Duty Station Street Address: \_\_\_\_\_

☐ Category 2 – Unaccompanied Orders for Spouse/Family of Active Duty Independent Duty Personnel

☐ Category 3 – Unaccompanied Orders for Spouse/Family of Deployed Guard / Reserve on Title 10 Orders

☐ 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 that the information provided is accurate, and all eligibility criteria for the specified category are met (including Title 10 requirement). I agree to pay any cost above the DoD funded rate (\$59 single / \$83 family valid 01Aug2025 - 31JUL2026) 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. I understand that intentionally providing false information to secure services under a DoD 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 - Pre-Approved ☐ RENEWAL - Pre-Approved  
☐ Waiver Request for ASYMCA Determination

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

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