



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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