



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

Unit Name: _____ Unit Phone: _____

Unit POC: _____ POC Email: _____

Duty Station Street Address: _____

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

☐ Category 3 – Unaccompanied 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 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 (\$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 and 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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