



ARMED SERVICES YMCA

MILITARY OUTREACH INITIATIVE APPLICATION YMCA MEMBERSHIPS ONLY

THIS APPLICATION IS FOR MEMBERSHIPS AT YMCA LOCATIONS ONLY

IN PARTNERSHIP WITH THE ARMED SERVICES YMCA, THE DEPARTMENT OF DEFENSE IS PROUD TO OFFER 6-MONTH GYM MEMBERSHIPS AT PARTICIPATING YMCA FACILITIES NATIONWIDE. TO QUALIFY FOR THIS PROGRAM, MILITARY MEMBERS/FAMILIES MUST MEET ELIGIBILITY CRITERIA FOR ONE OF THE PROGRAM CATEGORIES LISTED BELOW:

MEMBERSHIP ELIGIBILITY CRITERIA:

DEPLOYMENT/MOBILIZATION CATEGORIES:

CATEGORY 1: DEPLOYED GUARD/RESERVE

FOR SPOUSE/CHILD DEPENDENTS DURING DEPLOYMENT AND OR MOBILIZATION

- My spouse is currently on Title 10 Deployment/Mobilization orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- My spouse's orders have AT LEAST 3 MONTHS left from today's date
- My spouse has physically relocated away from home, and is not living within commuting distance from home during his/her mobilization/deployment
- I meet all eligibility criteria listed above in this category

CATEGORY 2: RELOCATED SPOUSE

FOR SPOUSE/CHILD DEPENDENTS DURING DEPLOYMENT AND OR MOBILIZATION

- My spouse is currently on Title 10 Deployment/Mobilization orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- My spouse's orders have AT LEAST 6 MONTHS left from today's date
- My family have relocated away from the military installation my spouse was deployed from
- I meet all eligibility criteria listed above in this category

NON- DEPLOYMENT/MOBILIZATION CATEGORIES:

CATEGORY 3: INDEPENDENT DUTY PERSONNEL (IDP)

FOR SERVICE MEMBERS WITHOUT ACCESS TO MILITARY GYM EQUIPMENT

- I am currently on Title 10 orders within the United States of America issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- My Orders Have AT LEAST 6 MONTHS left from today's date
- I am currently assigned to a command/unit that is geographically isolated from any military fitness facilities and does not offer any access to free physical fitness equipment
- I am living alone and will utilize a gym membership alone, or my family resides with me and will be added to a gym membership with me
- I meet all eligibility criteria listed above in this category

INSTRUCTIONS:

DETERMINE YOUR PROGRAM CATEGORY BEFORE CONTINUING

ARMED SERVICES YMCA NATIONAL HEADQUARTERS CONTACT INFORMATION:

EMAIL: DODYMCA@ASYMCA.ORG (PREFERRED)

PHONE: 571-932-3200 FAX: 703-455-2181

MAIL: ARMED SERVICES YMCA NATIONAL HEADQUARTERS

ATTN: DOD CONTRACT

7-14040 CENTRAL LOOP SUITE B, WOODBRIDGE VA 22193

FOR MORE INFORMATION, PLEASE VISIT THE ARMED SERVICES YMCA WEBSITE:

HTTPS://WWW.ASYMCA.ORG/YMCA-DOD-MILITARY-OUTREACH-INITIATIVE

NEW MEMBERSHIPS

MILITARY PERSONNEL/FAMILIES-

STEP 1: DETERMINE ELIGIBILITY USING "MEMBER ELIGIBILITY CRITERIA" ON PAGE 1

STEP 2: COMPLETE "SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM" ON PAGE 6

STEP 3: **INDEPENDENT DUTY PERSONNEL CATEGORY ONLY:** COMPLETE "SERVICE MEMBER/FAMILY FORM 2: UNIT REQUEST FOR IDP" ON PAGES 7-8

STEP 4: TURN IN PAPERWORK TO LOCAL YMCA MEMBERSHIP SERVICES

LOCAL YMCA MEMBERSHIP SERVICES-

STEP 1: REVIEW SUBMITTED PAPERWORK FOR COMPLETION

STEP 2: COMPLETE "LOCAL YMCA FORM 1: ELIGIBILITY FORM" ON PAGE 9

STEP 3: COMPLETE "LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE" ON PAGE 10

STEP 4: TURN IN APPLICATION TO THE ARMED SERVICES YMCA NATIONAL HEADQUARTERS VIA EMAIL, MAIL OR FAX (EMAIL PREFERRED)

RENEWAL MEMBERSHIPS

MILITARY PERSONNEL/FAMILIES-

STEP 1: DETERMINE RENEWAL ELIGIBILITY USING "MEMBER ELIGIBILITY CRITERIA" ON PAGE 1

STEP 2: COMPLETE (A NEW) "SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM ON PAGE 6

STEP 3: **INDEPENDENT DUTY PERSONNEL CATEGORY ONLY:** ATTACH ORIGINAL APPROVED UNIT REQUEST FOR IDP, AND A RENEWAL COMMAND MEMORANDUM (TEMPLATE PROVIDED ON PAGE 5)

STEP 4: TURN IN APPLICATION TO LOCAL YMCA MEMBERSHIP SERVICES

LOCAL YMCA MEMBERSHIP SERVICE-

STEP 1: COMPLETE (A NEW) "LOCAL YMCA FORM 1: ELIGIBILITY FORM" ON PAGE 9

STEP 2: COMPLETE (A NEW) "LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE" ON PAGE 10

STEP 3: ATTACH QUALIFIED 6 MONTH ATTENDANCE RECORD FROM PREVIOUS MEMBERSHIP
ATTENDANCE POLICES LOCATED ON PAGE 4

IF ATTENDANCE DOES NOT MEET REQUIREMENTS, DIRECT THE SERVICE MEMBER/FAMILY TO THE ATTENDANCE WAIVER APPLICATION ONLINE

STEP 4: TURN IN APPLICATION TO THE ARMED SERVICES YMCA NATIONAL HEADQUARTERS VIA EMAIL, MAIL OR FAX (EMAIL PREFERRED)

**ALL PAPERWORK MUST BE REDONE AND SUBMITTED
FOR EVERY 6 MONTH MEMBERSHIP**

PAPERWORK REQUIREMENTS:

SUBMIT ALL REQUIRED PAPERWORK – NO EXCEPTIONS

SPECIAL NOTICE FOR INDEPENDENT DUTY PERSONNEL CATEGORY

To meet the requirements for the IDP Category service members must complete the Unit Request for Independent Duty Personnel Form obtaining both authorization signatures

Signature 1: Commanding Officer or Officer in Charge of the member's unit

Signature 2: Service Branch Point of Contact via email (Page 9)

Correct completion of the IDP form is the service member's complete responsibility.

Failure to complete the IDP form correctly will delay the start of the membership.

NEW MEMBERSHIP PAPERWORK REQUIREMENTS:

		CATEGORY		
		DEPLOYED GUARD/RESERVE	RELOCATED SPOUSE	INDEPENDENT DUTY PERSONNEL
SERVICE MEMBER/ FAMILY	SERVICE MEMBER/FAMILY ITEM 1 ELIGIBILITY FORM	✓	✓	✓
	SERVICE MEMBER/FAMILY ITEM 2 UNIT REQUEST FOR IDP			✓
LOCAL YMCA	LOCAL YMCA ITEM 1 ELIGIBILITY FORM	✓	✓	✓
	LOCAL YMCA ITEM 2 REIMBURSEMENT INVOICE	✓	✓	✓

RENEWAL MEMBERSHIP PAPERWORK REQUIREMENTS:

		CATEGORY		
		DEPLOYED GUARD/RESERVE	RELOCATED SPOUSE	INDEPENDENT DUTY PERSONNEL
SERVICE MEMBER/ FAMILY	SERVICE MEMBER/FAMILY ITEM 1 ELIGIBILITY FORM	✓	✓	✓
	SERVICE MEMBER/FAMILY ITEM 2 UNIT REQUEST FOR IDP *COPY OF ORIGINAL*			✓
	SERVICE MEMBER/FAMILY ITEM 3 RENEWAL COMMAND MEMORANDUM			✓
LOCAL YMCA	LOCAL YMCA ITEM 1 ELIGIBILITY FORM	✓	✓	✓
	LOCAL YMCA ITEM 2 REIMBURSEMENT INVOICE	✓	✓	✓
	LOCAL YMCA ITEM 3 6 MONTH ATTENDANCE RECORDS	✓	✓	✓

ATTENDANCE RECORDS AND REQUIREMENTS:

READ ENTIRELY

ATTENDANCE REQUIREMENT:

MEMBERS/FAMILIES USING THE MILITARY OUTREACH INITIATIVE PROGRAM MUST MAINTAIN **AN 8 CALENDAR DAY VISIT PER MONTH** REQUIREMENT FOR THE DURATION OF THE 6 MONTH MEMBERSHIP IN ORDER TO BE CONSIDERED FOR RENEWAL.

ACCEPTABLE FORMS OF ATTENDANCE:

FACILITY USE AND PROGRAM PARTICIPATION ATTENDANCE REPORTS CAN BE ELECTRONICALLY GENERATED FROM THE FACILITY'S EXISTING SOFTWARE SYSTEM. IF YOUR FACILITY DOES NOT HAVE SOFTWARE CAPABILITY, STAFF CAN CREATE A MANUAL LOG WITH THE MEMBER'S PRINTED NAME, SIGNATURE, AND DATE OF VISIT.

HOW TO COUNT ATTENDANCE:

VISITATION IS COUNTED BY CALENDAR DAY ONLY. A VISIT IS DEFINED AS THE SERVICE MEMBER (OR MEMBER OF THE SERVICE MEMBER'S FAMILY) COMING TO THE FACILITY TO PARTICIPATE IN ANY YOUTH OR ADULT ACTIVITY THAT CAN BE TRACKED MANUALLY OR ELECTRONICALLY IN ONE CALENDAR DAY. IF THE MEMBER RETURNS IN THE SAME DAY, ALL VISITS IN THAT DAY ARE COUNTED ONLY ONCE. MULTIPLE SWIPES BY FAMILY MEMBERS IN THE SAME DAY CONSTITUTE ONE VISIT FOR ONE DAY.

MULTIPLE SWIPES FROM THE SAME MEMBER ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
JOHN SMITH	JANUARY 1, 2018
JOHN SMITH	JANUARY 1, 2018

FAMILY MEMBERS VISITING ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
PETER SMITH	JANUARY 1, 2018
ALLY SMITH	JANUARY 1, 2018

HOW TO PUT A "HOLD" ON A MEMBERSHIP:

YMCA MEMBERSHIP SERVICES MAY PLACE **ONE HOLD PER MEMBERSHIP PERIOD.** NO ACTION IS NECESSARY UNTIL THE MEMBER/FAMILY WOULD LIKE TO RENEW THE MEMBERSHIP. AT THE TIME OF RENEWAL, **YMCA MEMBERSHIP SERVICES MUST PROVIDE A FORMAL STATEMENT** (ON OFFICIAL YMCA LETTERHEAD) STATING A HOLD WAS PLACED ON THE ACCOUNT FROM DATE - DATE. IF A HOLD IS PLACED ON THE MEMBERSHIP, **THE MEMBERSHIP MUST BE EXTENDED THE AMOUNT OF THE TIME HELD** IN ORDER TO PROVIDE 6 MONTHS OF ATTENDANCE RECORDS FOR THE MEMBER/FAMILY.

EXAMPLE:

ORIGINAL MEMBERSHIP TIMEFRAME: MARCH 1, 2017 - SEPTEMBER 1, 2017

MEMBERSHIP HOLD: JUNE 1, 2017 - AUGUST 1, 2017

NEW MEMBERSHIP TIMEFRAME: MARCH 1, 2017 - NOVEMBER 1, 2017 (WITH A HOLD FROM JUNE 1, 2017 - AUGUST 1, 2017)

FAILED ATTENDANCE?

VISIT [HTTPS://WWW.ASYMCA.ORG/YMCA-DOD-MILITARY-OUTREACH-INITIATIVE](https://www.asymca.org/ymca-dod-military-outreach-initiative) TO DOWNLOAD OUR ATTENDANCE WAIVER APPLICATION.

COMMAND MEMORANDUM EXAMPLES:

ALL COMMAND MEMORANDUMS MUST BE ON DEPARTMENT OF DEFENSE LETTERHEAD

**RENEWAL MEMORANDUM FORMAT
(FOR RENEWAL OF INDEPENDENT DUTY PERSONNEL MEMBERSHIP):**

DOD LETTERHEAD

CURRENT DATE

MEMBER, RANK IS CURRENTLY ASSIGNED TO UNIT, ADDRESS FROM START DATE TO END DATE. THIS MEMBER IS APPROVED AS INDEPENDENT DUTY PERSONNEL, AND IS ELIGIBLE TO RECEIVE A YMCA MEMBERSHIP THROUGH THE MILITARY OUTREACH INITIATIVE AT YMCA LOCATION, ADDRESS.

SIGNED, RANK, DATE

TITLE

UNIT

**CLASSIFIED LOCATION MEMORANDUM FORMAT
(FOR DEPLOYMENT/MOBILIZATION):**

DOD LETTERHEAD

CURRENT DATE

MEMBER, RANK IS CURRENTLY DEPLOYED/MOBILIZED FROM START DATE TO END DATE. DUE TO SECURITY REASONS, LOCATION(S) OF THIS ASSIGNMENT CANNOT BE DISCLOSED. DURING THIS TIME, SPOUSE/CHILD DEPENDENTS OF THIS MEMBER ARE ELIGIBLE TO RECEIVE A YMCA MEMBERSHIP THROUGH THE MILITARY OUTREACH INITIATIVE AT YMCA LOCATION, ADDRESS.

SIGNED, RANK, DATE

TITLE

UNIT

SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: SPONSOR INFORMATION

- A) SPONSOR NAME (LAST, FIRST): _____
- B) SPONSOR RANK (E1 – O10): _____
- C) SPONSOR/FAMILY 10 DIGIT PHONE NUMBER: _____
- D) SPONSOR/FAMILY EMAIL ADDRESS: _____

SECTION 2: CATEGORY/ELIGIBILITY INFORMATION

- A) DOD SERVICE BRANCH (SELECT ONE):
 ARMY AIR FORCE MARINE CORPS NAVY
- B) TITLE 10 STATUS (SELECT ONE):
 DEPLOYED GUARD/RESERVE RELOCATED SPOUSE INDEPENDENT DUTY PERSONNEL
- C) DUTY STATION (SELECT ONE):
 DEPLOYED GUARD/RESERVE AND RELOCATED SPOUSE (COMPLETE ITEM 1 BELOW)
1. COUNTRY OF DEPLOYMENT / MOBILIZATION OPERATION: _____
PLEASE INDICATE COUNTRY OF DEPLOYMENT OR MOBILIZATION OPERATION.
PLEASE PROVIDE A COMMAND MEMORANDUM IF INFORMATION CANNOT BE
RELEASED. (TEMPLATE PROVIDED ON PAGE 5 OF THIS APPLICATION.)
 INDEPENDENT DUTY PERSONNEL CATEGORY (APPROVED UNIT REQUEST ATTACHED)
- D) PROJECTED DATE RANGE OF ASSIGNMENT (REQUIRED FOR ALL PROGRAM CATEGORIES):
START DATE: _____ MONTH / YEAR END DATE: _____ MONTH / YEAR

ASYMCA Use Only:
Deployed _____
Mobilized _____
IDP _____
Date _____

SECTION 3: DEPENDENT INFORMATION

- A) SPOUSE NAME (LAST, FIRST): _____
- B) CHILD NAME(S), AGE(S):
1. NAME: _____ AGE: _____
2. NAME: _____ AGE: _____
3. NAME: _____ AGE: _____
4. NAME: _____ AGE: _____

SECTION 4: MEMBER AUTHORIZATION SIGNATURE

1. I CERTIFY THAT I AM/MY SPOUSE IS CURRENTLY TITLE 10 AND IS ELIGIBLE FOR A YMCA MEMBERSHIP UNDER THE MILITARY OUTREACH INITIATIVE.
2. I HAVE READ AND UNDERSTAND THE ATTENDANCE REQUIREMENTS OF THE MILITARY OUTREACH INITIATIVE.

SIGNATURE OF SPONSOR OR SPOUSE: _____ DATE: _____

SERVICE MEMBER/FAMILY FORM 2: UNIT REQUEST FOR IDP

FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN DELAYED/DENIED REQUESTS

NOTICE TO SERVICE MEMBERS: YOU ARE ENTIRELY RESPONSIBLE FOR THE FULL CORRECT COMPLETION OF THIS FORM.

NEW INSTRUCTIONS:

1. REVIEW NOTICE TO COMMAND
2. DETERMINE SERVICE BRANCH POINT OF CONTACT
3. COMPLETE COMMAND INFORMATION, YMCA INFORMATION, AND LIST PERSONNEL
4. OBTAIN COMMANDING OFFICER/OFFICER IN CHARGE SIGNATURE
5. OBTAIN SERVICE BRANCH POINT OF CONTACT SIGNATURE (VIA EMAIL)

RENEWAL INSTRUCTIONS:

1. ATTACH A COPY OF YOUR ORIGINAL APPROVED UNIT REQUEST FOR IDP
2. ATTACH A COMMAND MEMORANDUM STATING YOUR CONTINUED ELIGIBILITY FOR THIS PROGRAM (TEMPLATE PROVIDED ON PAGE 5)

NOTICE TO COMMAND:

FEDERAL DOD TITLE 10 ONLY:

IT IS THE COMMAND'S RESPONSIBILITY TO ENSURE ALL ELIGIBLE COMMAND MEMBERS ARE NOTIFIED ON THE FOLLOWING REQUIREMENTS FOR PARTICIPATION. FAILURE TO ADHERE TO THESE REQUIREMENTS WILL RESULT IN CANCELLATION/NON-RENEWAL OF YMCA MEMBERSHIP(S) AT THIS DUTY STATION OR FUTURE DUTY STATIONS. FAILURE BY THE COMMAND TO MAKE THIS REQUIREMENT KNOWN WILL NOT BE A BASIS FOR WAIVER CONSIDERATION AT THE TIME FOR RENEWAL.

1. MEMBERS ARE REQUIRED TO ATTEND THE YMCA FACILITY A **MINIMUM OF 8 CALENDAR DAYS** PER MONTH. IT IS THE SERVICE MEMBER'S RESPONSIBILITY TO ENSURE THEIR VISITS ARE ACCURATELY REGISTERED VIA CARD SWIPE, LOG BOOK, ETC.
2. THE UNIT REQUEST FOR IDP MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED TO THE COMMAND. ALL APPLICABLE INFORMATION MUST BE INCLUDED. FAILURE TO DO SO WILL RESULT IN A DELAY IN PROCESSING THIS REQUEST

RENEWAL REQUIREMENT:

1. EACH SERVICE MEMBER MUST RESUBMIT AN ELIGIBILITY FORM AND THE ORIGINAL APPROVED UNIT REQUEST FOR IDP TO THE YMCA FACILITY.

SERVICE BRANCH POINT OF CONTACTS (AS OF OCTOBER 2017):

ARMY:

Army Recruiting Command:
usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil

Army- All Other IDP Requests:
usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil

MARINE CORPS:

Marine Forces Reserve:
rick.martinez1@usmc.mil
Marine Corps Recruiting Command:
gilbert.macias@marines.usmc.mil
Marine Corps- Other IDP Requests:
Susan.Jones@usmc-mccs.org

AIR FORCE:

Air Force- All IDP Approvals:
laron.collins@us.af.mil
aaron.smelser@us.af.mil

NAVY:

Navy- All IDP Approvals:
usnymca@navy.mil

SERVICE MEMBER/FAMILY FORM 2: UNIT REQUEST FOR IDP

COMMAND INFORMATION:

COMMAND/UNIT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
COMMAND UNIT/POC: _____
COMMAND UNIT/POC 10 DIGIT PHONE NUMBER: _____
COMMAND UNIT/POC EMAIL: _____

YMCA INFORMATION:

YMCA LOCATION NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____

RATE/RANK/FULL NAME OF EACH SERVICE MEMBER (ADD ADDITIONAL PAGES IF NECESSARY):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

COMMANDING OFFICER / OFFICER IN CHARGE SIGNATURE:

I UNDERSTAND ONLY TITLE 10 PERSONNEL ARE ELIGIBLE AND CERTIFY THAT NO TITLE 32 PERSONNEL ARE INCLUDED IN THIS REQUEST. I CERTIFY THE ABOVE NAMED ACTIVE DUTY PERSONNEL ARE ASSIGNED TO THIS COMMAND AND WILL BE FOR A MINIMUM OF 6 MONTHS. THIS COMMAND DOES NOT PAY FOR FITNESS MEMBERSHIPS FOR OUR PERSONNEL AND THIS COMMAND DOES NOT HAVE ACCESS TO A FREE FITNESS FACILITY AT OR NEAR THIS LOCATION. I UNDERSTAND THAT EACH MEMBER MUST ATTEND THE YMCA 8 CALENDAR DAYS PER MONTH IN ORDER TO BE ELIGIBLE FOR RENEWAL IN 6 MONTHS OR FOR REINSTATEMENT AT A FOLLOW ON COMMAND, IF APPLICABLE.

SIGNATURE AND DATE: _____
PRINTED NAME/RANK: _____
TITLE: _____
EMAIL: _____

SERVICE BRANCH POINT OF CONTACT SIGNATURE:

SIGNATURE/DATE: _____
APPROVED BY

LOCAL YMCA FORM 1: ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

IF RENEWAL, IS THIS THE SERVICE MEMBERS FIRST RENEWAL REQUEST? YES NO

SECTION 1: LOCAL YMCA INFORMATION:

- A) YMCA REPRESENTATIVE NAME (LAST, FIRST): _____
- B) YMCA 10 DIGIT PHONE NUMBER: _____
- C) YMCA NAME: _____
- D) YMCA STREET ADDRESS: _____
- E) YMCA CITY, STATE, ZIP CODE: _____

SECTION 2: MEMBERSHIP INFORMATION:

A) I HAVE VIEWED THE FOLLOWING DOCUMENTS TO VERIFY THIS SERVICE MEMBER/FAMILY IS QUALIFIED FOR THE MILITARY OUTREACH INITIATIVE (SELECT ONE):

DEPLOYMENT/MOBILIZATION ORDERS MILITARY IDENTIFICATION CARD

B) PLEASE INDICATE THE PROGRAM CATEGORY OF THIS SERVICE MEMBER/FAMILY (SELECT ONE):

DEPLOYED GUARD/RESERVE RELOCATED SPOUSE INDEPENDENT DUTY PERSONNEL

C) MONTHLY MEMBERSHIP RATE: _____

THE DEPARTMENT OF DEFENSE WILL REIMBURSE A MAXIMUM RATE OF \$70/MONTH FOR ANY FAMILY MEMBERSHIP AND \$50/MONTH FOR ANY SINGLE ADULT MEMBERSHIP.

D) INTENDED ACTIVATION DATE (MONTH, DATE, YEAR): _____

PLEASE PROVIDE THE INTENDED START DATE OF THE MEMBERSHIP THIS SERVICE MEMBER/FAMILY IS APPLYING FOR.

ASYMCA Use Only:
Approved _____ Date _____

SECTION 3: YMCA REPRESENTATIVE SIGNATURE:

1. I HAVE REVIEWED THIS SERVICE MEMBER'S/FAMILY'S ELIGIBILITY FORM, AND CONFIRM IT IS COMPLETED TO THE BEST OF OUR ABILITY.
2. I UNDERSTAND I MUST SUBMIT THIS FORM, AN APPROVED UNIT REQUEST FOR INDEPENDENT DUTY PERSONNEL (INDEPENDENT DUTY PERSONNEL CATEGORY ONLY) AND A YMCA REIMBURSEMENT INVOICE IN ORDER TO RECEIVE REIMBURSEMENT FOR THIS MEMBERSHIP.
3. I UNDERSTAND APPROVAL OF A RENEWAL MEMBERSHIP IS CONTINGENT UPON MEETING THE MILITARY OUTREACH INITIATIVE ATTENDANCE REQUIREMENTS AND HAVING QUALIFIED ORDERS.
4. I UNDERSTAND MEMBERS MUST REAPPLY FOR REIMBURSEMENT FOR EVERY 6 MONTH MEMBERSHIP THEY WISH TO HAVE.
5. I UNDERSTAND THE ARMED SERVICES YMCA HAS THE RIGHT TO DENY REIMBURSEMENT REQUESTS SUBMITTED OVER 30 DAYS POST MEMBERSHIP START DATE.

SIGNATURE OF YMCA REPRESENTATIVE: _____ DATE: _____

LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE

Maximum fee of **\$70/month** for family memberships or **\$50/month** for single adult memberships

Family Member = Service Member and/or Spouse + Children OR Service Member + Spouse
Single Adult Membership = Service Member Alone

TODAY'S DATE: _____	CONTRACT NUMBER: <u>HDQMWR-08-C-0046</u>
PREPARER'S NAME & TITLE _____	CEO/ED REVIEWED AND APPROVED _____

SELECT ONE: **NEW MEMBERSHIP** **RENEWAL MEMBERSHIP**

FAMILY MEMBERSHIPS	NUMBER OF MEMBERSHIPS	NUMBER OF CHILDREN	X	MONTHLY MEMBERSHIP RATE	X 6 MONTHS	=	SUBTOTAL
DEPLOYED GUARD/RESERVE			x	\$	x 6 months	=	\$
RELOCATED SPOUSE			x	\$	x 6 months	=	\$
INDEPENDENT DUTY PERSONNEL			x	\$	x 6 months	=	\$
SINGLE ADULT MEMBERSHIPS	NUMBER OF MEMBERSHIPS	NUMBER OF CHILDREN	X	MONTHLY MEMBERSHIP RATE	X 6 MONTHS	=	SUBTOTAL
INDEPENDENT DUTY PERSONNEL			x	\$	x 6 months	=	\$

TOTAL REIMBURSEMENT:	\$
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FOUR DIGIT ASSOCIATION NUMBER _____

YMCA NAME _____

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

FOR ARMED SERVICES YMCA NATIONAL HEADQUARTERS INTERNAL USE ONLY:			
TYPE OF MEMBERSHIP	SERVICE BRANCH	CHILDREN (NEW ONLY)	LAST NAMES/COUNT
Deployed Guard/Reserve	AR __ AF __ M __ N __	AR __ AF __ M __ N __	
Relocated Spouse	AR __ AF __ M __ N __	AR __ AF __ M __ N __	
Independent Duty Family	AR __ AF __ M __ N __	AR __ AF __ M __ N __	
Independent Duty Single	AR __ AF __ M __ N __	NONE	