



MILITARY OUTREACH INITIATIVE APPLICATION YMCA MEMBERSHIPS

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 all eligibility criteria for one of the program categories listed below:

MEMBERSHIP ELIGIBILITY CRITERIA:

Community Based Warrior Transition Unit (CBWTU)

- ☐ I am currently on Title 10 Warrior Transition orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- ☐ I have been sent home to complete rehabilitation/recovery orders due to combat related injury
- ☐ 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

For more information, please visit the Armed Services YMCA website:

www.asymca.org/moi

INSTRUCTIONS:

New Memberships

Military Personnel/Families:

1. Determine eligibility using “Member Eligibility Criteria” on page 1
2. Complete “Eligibility Form” on page 5
3. Turn in paperwork to local YMCA membership services

Local YMCA:

1. Review submitted paperwork for completion
2. Complete “YMCA Information Form” on page 6
3. Complete “Payment Invoice” on page 4
4. Turn in application to the Armed Services YMCA National Headquarters (dodymca@asymca.org)

Renewal Memberships

Military Personnel/Families:

1. Determine renewal eligibility using “Member Eligibility Criteria” on page 1
2. Complete (a new) “Eligibility Form” on page 5
3. Turn in application to local YMCA membership services

Local YMCA:

1. Review submitted paperwork for completion
2. Complete “YMCA Information Form” on page 6
3. Complete “Payment Invoice” on page 4
4. Attach 6 month attendance record from previous membership
5. Turn in application to the Armed Services YMCA National Headquarters (dodymca@asymca.org)

ATTENDANCE RECORDS AND REQUIREMENTS:

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. Fitness facility staff may create a manual log with the member's printed name, signature, and date of visit only if your facility does not have software capability.

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, 2019
John Smith	January 1, 2019
John Smith	January 1, 2019

Family members visiting on the same day count as 1 visit.

John Smith	January 1, 2019
Peter Smith	January 1, 2019
Ally Smith	January 1, 2019

How To Put A "Hold" On A Membership:

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, **membership services must provide a formal statement** (on official 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)

PAYMENT INVOICE

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

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

Single Adult Membership = Service Member or Spouse Alone

Today's Date: _____

Contract Number: HDQMWR-19-C-0013

Preparer's Name: _____

Signature: _____

Select One: ☐ New Membership ☐ Renewal Membership

Membership Category	Number of Memberships		x	Monthly Rate	x 6 Months	=	Subtotal
Community Based Warrior Transition Unit	Single:		x		x 6 Months	=	\$
	Family:		x		x 6 Months	=	\$
						Total Payment:	\$

Four Digit Association Number

YMCA Name

Mailing Address (Street, City, State, Zip Code)

ASYMCA Use Only:	
Vendor ID:	
Service Information:	Service Member Name(s):

ELIGIBILITY FORM

Select One: ☐ New Membership ☐ Renewal Membership

Section 1: Sponsor Information

1. Sponsor Name (Last, First): _____
2. Sponsor Rank (E1 – O10): _____
3. Sponsor/Family 10 Digit Phone Number: _____
4. Sponsor/Family Email Address: _____

Section 2: Category/Eligibility Information

1. DoD Service Branch (Select One): ☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy
2. Title 10 Status (Select One):
☐ Community Based Warrior Transition Unit (CBWTU)
Location of Assignment: _____
3. Projected Date Range of Assignment (Required for All Program Categories):
Start Date: _____ End Date: _____
Month / Year Month / Year

Section 3: Dependent Information

1. Spouse Name (Last, First): _____
2. Child Name(s), Age(s):
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Section 4: Member Authorization Signature

1. I certify that I am/my spouse is currently Title 10 and is eligible for a 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: _____

YMCA INFORMATION FORM

Select One: ☐ New Membership ☐ Renewal Membership

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:

1. 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.
2. Intended Activation Date (Month, Date, Year): _____
Please provide the intended start date of the membership this service member/family is applying for.

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 a complete application in order to receive payment for this membership.
3. I understand approval of a renewal membership is contingent upon meeting the attendance requirements and having qualified orders.
4. I understand members must reapply for payment for every 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 activation date.

Signature of YMCA Representative: _____ Date: _____