



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

ARMED SERVICES YMCA

# GROWING STRONGER TOGETHER

**THE DOD MILITARY OUTREACH INITIATIVE**

**Free YMCA or Private Fitness Memberships**

**For Eligible Title 10 Military Personnel**

**ASYMCA.ORG**



**Making Military Life Easier®**

**Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite  
Child Care Authorization**

**DoD Military TITLE 10 ONLY**

*Please type or print legibly*

Command/Unit Name:

Address:

City:

State:

Zip:

Command/Unit POC:

Phone:

Fax:

POC Email:

Duty Address if different than Command Address:

Address:

City:

State:

Zip:

Number of active duty personnel eligible to participate (**Title 10 Only**): \_\_\_\_\_

Initial Request

Follow On (incoming/outgoing personnel)

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**Private Fitness Facility:**

Eligibility is for Service member only, no family members are authorized

Number of Active Duty personnel **requesting** a fitness membership: \_\_\_\_\_

Rate/Rank/Full Name of each Service member:

Name/Address/**Phone number** of **Private Fitness facility** of choice:

(All Service Members at this duty address MUST attend the same private facility)

Fitness Facility Name:

Fitness Facility POC:

Address:

City:

State:

Zip:

Fitness Facility POC Phone:

Fitness Facility POC Email:

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**YMCA:**

Number of Active Duty personnel requesting memberships: \_\_\_\_\_

Name/Address/**Phone number** of **YMCA** of choice:

YMCA Name: \_\_\_\_\_ YMCA POC: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
YMCA POC Phone: \_\_\_\_\_ YMCA POC Email: \_\_\_\_\_  
Rate/Rank/Full Name of each Service member: \_\_\_\_\_

## **Membership Requirement:**

**(This section must be included with the request for IDP membership and signed by CO/OIC)**

### **Federal DoD Title 10 Only**

**It is the Command's responsibility to ensure all eligible command members are notified of the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of YMCA or private fitness memberships 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 of renewal.**

- **Members are required to attend the YMCA/Private Fitness 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 or log book, etc.
  - Family visits count towards meeting the 8 calendar day visit per month but multiple visits on the same day count as only ONE CALENDAR DAY for purposes of meeting the monthly minimum requirement.
- The IDP application must be completed in its entirety or will be returned to the command. All applicable information (names, addresses, POC's, phone, email, etc) must be included. Failure to do so will result in a delay in processing this request.

### **Renewal Requirements:**

- **Private Fitness Centers:** Renewal Requests must include the usage documentation for all 6 months and submitted to [dodpf@asymca.org](mailto:dodpf@asymca.org) along with the ORIGINAL approved/signed IDP Request in order for a renewal to be processed.
- **YMCA Renewals** will be completed internally by the participating YMCA. Each Service member must resubmit a DoD Eligibility Form and the ORIGINAL unit approved/signed IDP Request for a renewal to be processed.

**The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:**

*I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six 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 have 8 calendar days per month*

*attendance on their membership in order to be eligible for renewal in six months or reinstatement at a follow on command, if applicable.*

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Signature:  
Printed Name/Rank:  
Title:  
Email:  
Phone Number:

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**This section to be used by Services' Point of Contact**

Request for Independent Duty Personnel fitness memberships is                      Approved  
Disapproved.

The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

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Approving Service POC