



DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



WAIVER REQUEST

INSTRUCTIONS: See “Program Instructions and Requirements” for additional information.

Service Member/Spouse – email “Waiver Request” along with your “Membership Application” and any supporting documents (e.g., Attendance Report) to the appropriate MCAO org box/address.

- Attendance Waiver: Explain failure to meet mandatory minimum attendance requirement by listing dates with reason for gap in attendance (e.g. medical restriction to-from dates; TDY to-from dates).
- Eligibility Waiver: Provide explanation for applications that are not within one of the four eligible categories.

Membership Information

Service Member (*Last, First*): _____ **Rank:** _____

Membership Type (*Select One*): Service Member Only Spouse Only Family (2+)

Detailed Explanation *(use continuation sheet if necessary)*

Member Certification: *I certify the information provided is accurate. I understand that intentionally providing false information to secure services under a Defense contract is cause for disciplinary action and may be prosecutable. I understand that further verification of the above information may be requested upon review.*

Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

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