Military Outreach Initiative
Private Fitness Center Participation Agreement

In partnership with the Armed Services YMCA (ASYMCA), the Department of Defense is proud to offer 6-month gym memberships at participating Private Fitness facilities nationwide. To qualify for this program, Service members must be approved by their Service branch through a Unit Request for Independent Duty Personnel (IDP) form. The IDP form approves geographically remote units for membership payment contribution towards one selected fitness center in close proximity to their area of work.

To Be Completed by Private Fitness Center (Manager)

Private Fitness Center must agree to all terms listed below. If all terms are not agreed upon, a new facility must be selected.

1. Private Fitness Center accepts 6 month memberships.
   □ YES □ NO
2. Private Fitness Center is willing to accept paper checks as a form of payment.
   □ YES □ NO
3. Private Fitness Center understands that the payment contribution are to be applied towards the next 6 months membership dues, not as reimbursement.
   □ YES □ NO
4. Private Fitness Center understands that the Service member is responsible for any initiation/joining fees, maintenance fees, processing fees, etc.?
   □ YES □ NO
5. Private Fitness Center is willing to track membership attendance.
   □ YES □ NO

What to Do When Membership Expires
- Memberships do not automatically renew
- Service members must complete a renewal application
- ASYMCA is not responsible for any fees due past the initial approved membership

Service member submits Participation Agreement Form to Private Fitness Center

Private Fitness Center (Manager) completes Participation Agreement Form

Service member submits completed Participation Agreement Form with Membership Application

Single Membership Monthly Rate: ________________

Family Membership Monthly Rate: ________________

__________________________
Private Fitness Center Name

__________________________
Payable To (Billing Information)

__________________________
Billing Address (Street, City, Zip)

__________________________
Manager Name

__________________________
Email/Phone Number

__________________________
Signature/Date

For more information, email: dodpf@asymca.org