

RIA MWR MEMBERSHIP APPLICATION

(PLEASE PRINT)

FOR OFFICE USE ONLY:
 Taken By: _____ Date: _____ Time: _____
 Input By: _____ Verified By: _____

1 PRIMARY Applicant Information Exp. Date _____ Pass Code _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ BIRTHDATE: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____
 OFFICE SYMBOL / BUSINESS NAME: _____ WORK PH#: _____

EMERGENCY POC INFO: Name: _____ Home# _____ Work# _____

Any medical conditions we should be aware of due to emergency reasons? (optional) _____

2 SPOUSE Applicant Information Dep. Exp. Date _____ Pass Code _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ BIRTHDATE: _____
 HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____
 OFFICE SYMBOL / BUSINESS NAME: _____ WORK PH#: _____

DEPENDENT(S) Applicant Information Pass Code _____

NAMES OF CHILDREN OLDEST TO YOUNGEST: BIRTHDATE: 3 _____ 4 _____	NAMES OF CHILDREN OLDEST TO YOUNGEST: BIRTHDATE: 5 _____ 6 _____	NAMES OF CHILDREN OLDEST TO YOUNGEST: BIRTHDATE: 7 _____ 8 _____
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WAIVER AND RELEASE FORM: In consideration for being allowed to participate in the Fitness Center, I hereby release the Rock Island Arsenal Morale Support Activities and the United Government from any liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government for any loss, damage, or injury to my person or damage or loss to the United States Government that is caused by my gross negligence, willful misconduct, or fraud.

_____ Signature of Primary	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Dependent	_____ Date	_____ Signature of Dependent	_____ Date
_____ Signature of Dependent	_____ Date	_____ Signature of Dependent	_____ Date

Authority: 10 USC 3013
 Principal Purpose(s): Information needed for RecTrac statistics.
 Routine Uses: To use MWR Activities.
 Disclosure: RecTrac statistics will not be possible without this information.