

# 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:	NAMES OF CHILDREN OLDEST TO YOUNGEST: BIRTHDATE:	NAMES OF CHILDREN OLDEST TO YOUNGEST: BIRTHDATE:
<b>3</b> _____	<b>5</b> _____	<b>7</b> _____
<b>4</b> _____	<b>6</b> _____	<b>8</b> _____

**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.