

\_\_\_\_\_ New DoD Membership \_\_\_\_\_ Renewing DoD Membership YMCA Member ID# \_\_\_\_\_

## YMCA/DoD ELIGIBILITY FORM- (TITLE 10 ONLY)

**\*\*TITLE 32 PERSONNEL ARE NOT ELIGIBLE\*\***

SPONSOR NAME/PAYGRADE \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE # WHERE YOU CAN BE CONTACTED \_\_\_\_\_

SERVICE BRANCH: \_\_\_ ARMY \_\_\_ MARINE CORPS \_\_\_ NAVY \_\_\_ AIR FORCE

STATUS: \_\_\_ DEPLOYED RESERVE \_\_\_ DEPLOYED NATIONAL GUARD \_\_\_ ACTIVE DUTY

**\*\*Those eligible are Families of Deployed National Guard and Reserves, Relocated Spouse of Deployed Active Duty Personnel, and Active Duty Assigned to Independent Duty Locations. (I D P must also complete Independent Duty Eligibility Request Form and get POC approval. Contact Military OneSource at 1-800-342-9647 with questions.**

DUTY STATION: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

(Single deployed service members are NOT eligible. Spouse or Single parent families ARE eligible.)

PHONE # WHERE YOU CAN BE CONTACTED \_\_\_\_\_

CHILDREN'S NAMES:

_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____

HOME E-MAIL ADDRESS (Optional): \_\_\_\_\_

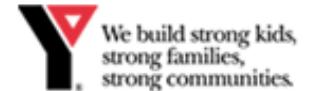
DEPLOYMENT DATE RANGE: \_\_\_\_\_ (Must be 6 months or more)

**MEMBERSHIP RENEWAL REQUIREMENT: 8 VISITS PER MONTH (PER FAMILY or FAMILY MEMBER)**

\_\_\_\_\_  
*Signature of Sponsor or Spouse indicating understanding of attendance requirements*

I certify that I am/my spouse is TITLE 10 and eligible for YMCA membership in one of the authorized categories.

\_\_\_\_\_  
*Signature of Sponsor or Spouse for Title 10 eligibility*



### FOR YMCA USE ONLY

YMCA BRANCH NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

VIEW REQUIRED DOCUMENTS (YMCA staff must initial): \_\_\_ DEPLOYMENT ORDERS \_\_\_ MILITARY ID

ELIGIBILITY: (TITLE 10 ONLY) (YMCA staff must initial)

\_\_\_ JOINT BASE – USED FOR RENEWAL ONLY AS OF \*OCT 2009\*

\_\_\_ DEPLOYED NATIONAL GUARD / RESERVE FAMILY MEMBER

\_\_\_ ACTIVE DUTY RELOCATING SPOUSE

\_\_\_ INDEPENDENT DUTY PERSONNEL- Requires completed Active Duty Military ID and Request for Title 10 Independent Duty Personnel (IDP) Fitness Memberships/Respite Care Authorization with signature of Commanding Officer and POC signature. \* Commander to Contact Military One Source for Email Address /Contact Info for Military Service POC Approval.

DATE MEMBERSHIP ACTIVATED: \_\_\_ / \_\_\_ / \_\_\_

MONTHLY RATE CHARGE \$ \_\_\_\_\_ x 6 = \$ \_\_\_\_\_

YMCA staff may contact Armed Services YMCA at 703-313-9600 for more information.

*DoD reserves the right to review membership records for audit purposes.*