

YMCA/DoD ELIGIBILITY FORM- (TITLE 10 ONLY) Revised 02/10

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 EMAIL ADDRESS (Optional): _____

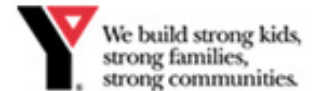
DEPLOYMENT DATE RANGE: _____ (Must be 6 months or more)

MEMBERSHIP RENEWAL REQUIREMENT: 8 INDIVIDUAL DAYS PER MONTH (EITHER INDIVIDUAL OR FAMILY MEMEBRS)

Signature & Date of Sponsor or Spouse for attendance requirements

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

Signature & Date 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 additional information.

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