

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

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

Revised Oct. 09

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

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

SPONSOR BIRTH 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. (IDP must also complete Independent Duty Eligibility Request Form and get POC approval.) \*\* Questions? Call Military OneSource at 1-800-342-9647.\*\***

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

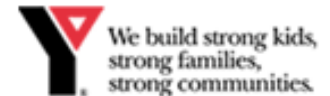
SPOUSE'S NAME: \_\_\_\_\_

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

YOUR PHONE NUMBER: \_\_\_\_\_

CHILDREN'S NAMES:

_____	BIRTH DATE: _____	AGE: _____
_____	BIRTH DATE: _____	AGE: _____
_____	BIRTH DATE: _____	AGE: _____
_____	BIRTH DATE: _____	AGE: _____
_____	BIRTH DATE: _____	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)**

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

\_\_\_\_\_  
*Signature of Sponsor or Spouse*

## 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)

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

\_\_\_ RELOCATING SPOUSE

\_\_\_ RESPITE CHILD CARE

\_\_\_ INDEPENDENT DUTY PERSONNEL - Requires completed Active Duty Military ID and Request for Title 10 Independent Duty Personnel (IDP) Fitness Memberships/Respite Care Authorization form with signature of Commanding Officer and POC signature.

Contact Armed Services YMCA at **703-313-9600** for more information.  
DoD reserves the right to review membership records for audit purposes.

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

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