



\_\_\_ 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 (H) \_\_\_\_\_ (C) \_\_\_\_\_

SERVICE BRANCH: Army \_\_\_ Marine Corp \_\_\_ 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.)

Contact Military OneSource at 1-800-342-9647 with questions.

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

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

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

(Single deployed service members are not eligible- Only Spouse or Single Parent Families are eligible.)

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

CHILD NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

CHILD NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

CHILD NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

CHILD NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_



### Membership Renewal Requirement: 8 Individual Days per Month (Either Individual or Family Members)

Signature of Sponsor or Spouse (For Attendance Requirements) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Sponsor or Spouse (For Title 10 Eligibility) \_\_\_\_\_ Date \_\_\_\_\_

### FOR CASPER FAMILY YMCA USE ONLY

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

\_\_\_ 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 = \$ \_\_\_\_\_

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