

YMCA/DoD ELIGIBILITY FORM- (TITLE 10 ONLY)

TITLE 32 PERSONNEL ARE NOT ELIGIBLE

SPONSOR NAME/PAYGRADE _____ DATE: _____

SERVICE BRANCH: ___ ARMY ___ MARINE CORPS ___ NAVY ___ AIR FORCE

STATUS: ___ ACTIVE DUTY ___ RESERVE ___ NATIONAL GUARD

DUTY STATION: _____

SPOUSE'S NAME: _____

CHILDREN'S NAMES:

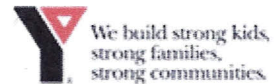
_____ AGE: _____

_____ AGE: _____

_____ AGE: _____

_____ AGE: _____

_____ AGE: _____



HOME EMAIL ADDRESS (Optional): _____

REQUIRED DOCUMENTS: ___ DEPLOYMENT ORDERS ___ MILITARY ID CARD

MEMBERSHIP RENEWAL REQUIREMENT: 8 VISITS PER MONTH (PER FAMILY)

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

Signature

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

FOR YMCA USE ONLY

YMCA BRANCH NAME: _____

MAILING ADDRESS: _____

ELIGIBILITY: (TITLE 10 ONLY)

___ DEPLOYED GUARD/RESERVE FAMILY MEMBER

___ RELOCATING SPOUSE

___ PILOT SITE (JOINT BASE)

___ RESPITE CHILD CARE (IN 10 QUALIFYING STATES)

___ INDEPENDENT DUTY PERSONNEL- *Requires Service POC approval and completed Independent Duty Eligibility Request Form. Call Military OneSource for contact information.*

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.