

# 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

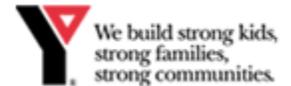
STATUS: \_\_\_ ACTIVE DUTY \_\_\_ RESERVE \_\_\_ NATIONAL GUARD

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.**

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## 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.*