

_____ 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: _____

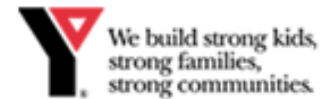
SPOUSE'S NAME: _____

(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 = \$ _____

**Request for Title 10 Independent Duty Personnel (IDP)
Fitness Memberships/Respite Care Authorization**

Command Name _____

Address _____

City _____ State _____ Zip _____

Duty Address if different from Command Address: _____

Command fitness membership Point of Contact _____

Phone _____ Fax _____ E-mail _____

Number of active duty personnel eligible to participate (**Title 10 Only**): ____

Number of personnel requesting single fitness membership at a **private fitness facility**: ____

Name/Address/Phone number of Private Fitness facility of choice:

(All members in the command **MUST** attend the same private facility)

_____ Phone _____

Rate/Rank/Full Name of each Service member (Please print legibly):

_____	_____
_____	_____
_____	_____
_____	_____

Number of personnel requesting **YMCA memberships**: ____

Rate/Rank/Full Name of each Service member (Please print legibly):

_____	_____
_____	_____
_____	_____
_____	_____

The following statement must be on each request and signed by the Commanding Officer or Officer in Charge if no Commanding Officer assigned:

I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location.

I will ensure all personnel understand the minimum usage of either the YMCA or private fitness facility is 8 times per month and no renewal will be authorized for any personnel not meeting this minimum usage requirement.

Printed Name/Title of Signature of Commanding Officer

This section to be used by Services' Point of Contact (see attached list for authorized signatures)

Request for Independent Duty Personnel fitness memberships is approved / disapproved. The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

Service POC signature

Copy to: ASYMCA and Requesting Command

Independent Duty Personnel (IDP) Authorized Point of Contact Approvers for YMCA Memberships

Navy

Ms. Vicki Teran

*IDP approvals signed by these former authorized personnel are acceptable: Mr. Mike Bruner or
J. Kelly Powell*

Vicki.teran@navy.mil

Phone 202.433.4367

Fax 202.433.0936

Marine Corps

Marines IDP Request Process instructions found at www.mfr.usmc.mil/hq/mccs, under the Semper Fit tab. Once this process is completed online, the approved form will include one of these three authorized signatures:

If parent command is Marine Forces Reserve, the authorized signature is:

Mr. Davis Murphy

Davis.murphy@usmc.mil

Phone 504.678.8214

Fax 504.678.1082

If parent command Marine Corps Recruiting Command, the authorized signature is:

Mr. Gilbert Macias

Gilbert.macias@marines.usmc.mil

Phone 703.784.9429

Fax 703.784.9861

For all other USMC inquiries, please contact:

Mrs. Catherine Ficadenti

Catherine.ficadenti@usmc.mil

Phone 703 784 9542

Fax 703 784 9822

Army

Ms. Carole Kowta

*IDP approvals signed by these former authorized personnel are acceptable: Dorie or Kelly
Hickson*

armymca@conus.army.mil

Phone 703.681.5376

Fax 703.681.1616

Air Force

Mr. Donald Cook

Donald.cook@pentagon.af.mil

Phone 703.604.6420