

\_\_\_\_\_ 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: \_\_\_\_\_

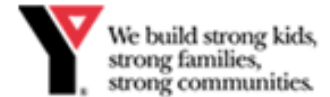
SPOUSE'S NAME: \_\_\_\_\_

(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](mailto: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](http://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](mailto: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](mailto: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](mailto: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](mailto:armymca@conus.army.mil)

Phone 703.681.5376

Fax 703.681.1616

### **Air Force**

**Mr. Donald Cook**

[Donald.cook@pentagon.af.mil](mailto:Donald.cook@pentagon.af.mil)

Phone 703.604.6420