

YMCA/DoD ELIGIBILITY FORM:

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

1. *Military Personnel/Families complete sections 1-3.*
2. *Local YMCA Membership Services complete section 4.*

SECTION 1: SPONSOR INFORMATION

A) <u>SPONSOR NAME (LAST, FIRST):</u> _____	B) <u>SPONSOR RANK/PAYGRADE:</u> _____
C) <u>DoD SERVICE BRANCH (SELECT ONE):</u> <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	D) <u>TITLE 10 STATUS (SELECT ONE):</u> <input type="checkbox"/> Deployed National Guard/Reservist <input type="checkbox"/> Relocating Spouse <input type="checkbox"/> Independent Duty Personnel <input type="checkbox"/> Community Based Warrior Transition Unit
E) <u>DUTY STATION (SELECT ONE):</u> <input type="checkbox"/> Country of Deployment: <input type="checkbox"/> Mobilization Operation: <input type="checkbox"/> Command Memorandum Attached <input type="checkbox"/> Current Duty Station/Address: <i>Deployed National Guard/Reservist and Relocating Spouse:</i> <i>Please indicate country of deployment or mobilization operation. If location or operation cannot be released please attach a command memorandum stating deployment.</i> <i>Independent Duty Personnel and Community Based Warrior Transition Unit:</i> <i>Please indicate the current duty station/address within the United States.</i>	
F) <u>DATE RANGE OF ASSIGNMENT: Please indicate the date range of assignment.</u> Start Date: _____ End Date: _____	

SECTION 2: DEPENDENT INFORMATION

A) <u>SPOUSE NAME (LAST, FIRST):</u> _____			
B) <u>CHILD NAME(S) (LAST, FIRST):</u>	C) <u>DATE(S) OF BIRTH:</u>	D) <u>AGE(S):</u>	
1. _____	1. _____	1. _____	
2. _____	2. _____	2. _____	
3. _____	3. _____	3. _____	
4. _____	4. _____	4. _____	
5. _____	5. _____	5. _____	

SECTION 3: MILITARY PERSONNEL/FAMILY SIGNATURES

A) <u>TITLE 10 CERTIFICATION SIGNATURE:</u> <i>I certify that I am/my spouse is currently Title 10, and is eligible for a YMCA Membership with the Military Outreach Initiative:</i> Signature of Sponsor or Spouse: _____ Date: _____
B) <u>ATTENDANCE POLICY:</u> <i>I understand I/my family must attend my/our local YMCA 8 calendar days per month for the 6 months of my/our YMCA membership to qualify for a renewal membership. I also understand how to place a hold on my/our membership, and how to apply for an Attendance Waiver if my/our attendance does not meet renewal requirements.</i> Signature of Sponsor or Spouse: _____ Date: _____