

**MEMBER ELIGIBILITY CRITERIA:**

**1. Deployed National Guard/Reservist (Spouse/Child Dependents ONLY):**

- A) My spouse is currently on Title 10 Deployment/Mobilization orders issued by the Department of the Army, Air Force, Marine Corps, Navy, National Guard or Reserves (DoD Branches ONLY)
- B) My spouse's orders have at least 3 months left on them from today's date.
- C) My spouse has physically relocated away from home, and is not living at home or within commuting distance during his/her mobilization/deployment.

**2. Relocating Spouse (Spouse/Child Dependents ONLY):**

- A) My spouse is currently on Title 10 Deployment/Mobilization orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- B) My spouse's orders have at least 6 months left on them from today's date.
- C) I/My family have relocated away from the military installation my spouse was deployed from.
- D) I/My family lived with my spouse at their duty station prior to deploying/mobilizing.

**3. Independent Duty Personnel (Military Personnel MUST use, Spouse/Child Dependents may be added to membership):**

- A) I am currently on Title 10 orders within the United States of America issued by the Department of the Army, Air Force, Marine Corps, Navy, National Guard or Reserves (DoD Branches ONLY)
- B) My orders have at least 6 months left on them from today's date.
- C) I am currently assigned to a command/unit that is geographically isolated from any military fitness facility and does not offer any free access to physical fitness equipment.

**\*Special Notice for Independent Duty Category:**

To meet the requirements for the Independent Duty Category, service members must complete the Unit Request for Independent Duty Personnel Form (IDP) obtaining both authorization signatures:

- 1) The first authorization signature is to be signed by the commanding officer or officer in charge of the member's unit.
- 2) The second authorization signature is to be signed via email from the appropriate point of contact listed on the current page of "Service Branch POC's" (page 8).

**Correct completion of the IDP is the service member's complete responsibility. Failure to complete the IDP correctly will delay the start of the membership significantly.**

**4. Community Based Warrior Transition Unit (Military Personnel MUST use, Spouse/Child Dependents may be added to membership):**

- A) I am currently on Title 10 Community Based Warrior Transition Unit orders issued by the Department of the Army, Air Force, Marine Corps, Navy, National Guard or Reserves (DoD Branches ONLY), that state my duty address as a my home address and not a unit office.
- B) I have been sent home to recover/complete rehabilitation orders due to combat related injury.

**MILITARY OUTREACH INITIATIVE  
MEMBER APPLICATION - YMCA**

**YMCA/DoD ELIGIBILITY FORM:**

For your convenience, this form may be electronically completed if preferred.

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

**SELECT ONE:  NEW MEMBERSHIP  RENEWAL MEMBERSHIP**

**SECTION 1: SPONSOR INFORMATION**

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

**SECTION 2: DEPENDENT INFORMATION**

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

**SECTION 3: MILITARY PERSONNEL/FAMILY SIGNATURES**

<b>A) TITLE 10 CERTIFICATION SIGNATURE:</b> I certify that I am/my spouse is currently Title 10, and is eligible for a YMCA Membership with the Military Outreach Initiative:  Signature of Sponsor or Spouse: _____ Date: _____
<b>B) ATTENDANCE POLICY:</b> 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.  Signature of Sponsor or Spouse: _____ Date: _____

