

MEMBER QUALIFICATION CHECKLISTS:

There are 4 categories of the Military Outreach Initiative available for YMCA Memberships.
Check below to see if you qualify!

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

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

If all boxes are checked, you/your children qualify for this membership!

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

- My spouse is currently on Title 10 deployment orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- My spouse is currently on Title 10 Deployment orders.
- My spouse's orders have at least 6 months left on them from today's date.
- I/My family have relocated away from the military installation my spouse was deployed from.

If all boxes are checked, you/your children qualify for this membership!

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

- I am currently on Title 10 orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- I am currently assigned to a unit that is at least 30 miles away from any military installation.
- I am currently assigned to a unit that does not offer any free physical fitness equipment.

If all boxes are checked, you/your children qualify for this membership!

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

- I am currently on Title 10 orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- I am currently on Community Based Warrior Transition Unit Orders.
- My orders are at least 6 months in duration.
- I have been sent home to recover and complete rehabilitation orders due to combat related injury.

If all boxes are checked, you/your children qualify for this membership!

YMCA/DOD ELIGIBILITY FORM:

PLEASE CHECK ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: QUALIFICATION INSTRUCTIONS:

1. Service members and families, please complete Sections 1-5.
2. Section 6 is to be completed by your YMCA Membership Representative.

****Independent Duty Personnel (IDP) members require an additional IDP Request form with commander and service branch IDP approval signatures. Deployed National Guard/Reservists/ Relocating Spouses/ Community Based Warrior Transition Units DO NOT require an IDP Request form. The Unit Request for Independent Duty is attached to this packet, pages 6-8****

SECTION 2: SPONSOR INFORMATION:

A) SPONSOR NAME (LAST, FIRST):	B) SPONSOR PAYGRADE:
C) SERVICE BRANCH (SELECT ONE): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	D) TITLE 10 STATUS (SELECT ONE): <input type="checkbox"/> Deployed National Guard or Reservist <input type="checkbox"/> Relocating Spouse <input type="checkbox"/> Independent Duty Personnel <input type="checkbox"/> Community Warrior Based Transition Unit
E) DUTY STATION: Please note Deployed National Guard or Reservists and Deployed Active Duty Service Members require a DEPLOYMENT station. Orders must say "Deployment Orders" and physically move the service member away from his/her home base. Deployed National Guard or Reservists may be on MOBILIZATION orders. Orders must say "Mobilization Orders" and physically move the service member away from his/her home base. Please indicate country of deployment, or mobilization operation.	
F) DATE RANGE OF ASSIGNMENT (MM/DD/YYYY – MM/DD/YYYY): Please note Active Duty deployment orders must have at least 6 months remaining from the current date to qualify for the program. National Guard or Reservists on mobilization orders must have at least 3 months remaining from the current date to qualify for the program. National Guard or Reservists may apply up to 3 months prior to the start of their deployment/mobilization orders. All service members are required to be on current orders to qualify.	

SECTION 3: DEPENDENT INFORMATION:

A) SPOUSE NAME (LAST, FIRST):			
B) CHILD NAME(S) (LAST, FIRST):	DATE(S) OF BIRTH (MM/DD/YYYY):	AGE(S):	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	

SECTION 4: TITLE 10 CERTIFICATION SIGNATURES:

A) TITLE 10 CERTIFICATION SIGNATURE:

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/SPOUSE:

DATE (MM/DD/YYYY):

SECTION 5: MILITARY OUTREACH INITIATIVE ATTENDANCE POLICY:

A) MILITARY OUTREACH INITIATIVE ATTENDANCE POLICY

Visitation is counted by **CALENDAR DAY ONLY**. Multiple visits from the same participant within the same date count as **ONE VISIT**. Family members visiting within the same date count as **ONE VISIT**. Renewal of this YMCA Membership is contingent upon visiting your YMCA **8 CALENDAR DAYS PER MONTH**, for the **6 CONSECUTIVE MONTHS** of your membership.

To place a hold on your membership, coordinate with your YMCA Membership Representative. Upon renewal, your Membership Representative need only note and sign off on the duration of the hold on your attendance records. If you have failed attendance requirements, please submit a formal letter of explanation written and signed by your command or by your YMCA Membership Representative. Submit your letter with your complete renewal application paperwork to your YMCA Membership Representative.

I understand the Military Outreach Initiative Attendance Policy. I understand I/my family must attend my/our YMCA 8 calendar days per month, for the 6 consecutive 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 what to do in the case of failed attendance due to unexpected absences or circumstances.

SIGNATURE OF SPONSOR/SPOUSE:

DATE (MM/DD/YYYY):

SECTION 6: YMCA MEMBERSHIP REPRESENTATIVE INFORMATION: YMCA USE ONLY

*****The membership representative from your YMCA should complete this portion in its entirety.*****

A) MEMBERSHIP REPRESENTATIVE NAME (LAST, FIRST):		
B) PHONE NUMBER (XXX-XXX-XXXX):		
C) YMCA BRANCH NAME:		
D) STREET ADDRESS:	E) CITY, STATE:	F) ZIPCODE:
G) IDENTIFICATION VERIFICATION:		
I have viewed the following documents (SELECT AT LEAST ONE):		
<input type="checkbox"/> Deployment Orders		
<input type="checkbox"/> Uniformed Services ID Card/ Military Dependent ID		
Please indicate the Title 10 Status of this Service Member/Family (SELECT ONE):		
<input type="checkbox"/> Deployed National Guard or Reservist		
<input type="checkbox"/> Relocating Spouse		
<input type="checkbox"/> Independent Duty Personnel		
<input type="checkbox"/> Community Warrior Based Transition Unit		
H) MEMBERSHIP RATES:		
The Department of Defense will reimbursement a maximum rate of \$70.00/month for any family membership and a maximum rate of \$50.00/month for any single adult membership.		
MEMBERSHIP MONTHLY RATE: (\$00.00): _____		
6 MONTH MEMBERSHIP CHARGE: (\$000.00): _____		
DATE MEMBERSHIP ACTIVATED (MM/DD/YYYY): _____		
I) SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE		
1. I have reviewed this service member's Military Outreach Initiative Eligibility Form, and confirm it is completed to the best of our abilities.		
2. I understand I must submit this form, an approved Independent Duty Request (Independent Duty Personnel ONLY), and a Military Outreach Initiative Reimbursement Request in order to receive reimbursement.		
3. I understand approval of Renewal Memberships is contingent upon meeting the Military Outreach Initiative Attendance Policy.		
4. I understand I must send in 6 month attendance records for all renewal applications.		
SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE:	DATE (MM/DD/YYYY):	
_____	_____	

