

____ New DoD Membership ____ Renewing DoD Membership YMCA Member ID# _____

YMCA/DoD ELIGIBILITY FORM- (TITLE 10 ONLY)

TITLE 32 PERSONNEL ARE NOT ELIGIBLE.**

SPONSOR NAME/PAYGRADE _____ 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.**

Contact Military OneSource at 1-800-342-9647 with questions.

DUTY STATION: _____

SPOUSE'S NAME: _____

(Single deployed service members are not eligible. Spouse or Single parent families are eligible.)



PHONE # WHERE YOU CAN BE CONTACTED _____

CHILDREN'S NAMES:

_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____
_____	BIRTHDATE: _____	AGE: _____

HOME EMAIL ADDRESS (Optional): _____

DEPLOYMENT DATE RANGE: _____ (Must be 6 months or more)

MEMBERSHIP RENEWAL REQUIREMENT: 8 INDIVIDUAL DAYS PER MONTH (EITHER INDIVIDUAL OR FAMILY MEMEBRS)

Signature & Date of Sponsor or Spouse for attendance requirements

I certify that I am/my spouse is TITLE 10 and therefore eligible for YMCA membership in one of the authorized categories.

Signature & Date of Sponsor or Spouse for Title 10 eligibility

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 NATIONAL GUARD/RESERVE FAMILY MEMBER

____ ACTIVE DUTY RELOCATING SPOUSE

____ INDEPENDENT DUTY PERSONNEL- Requires completed Active Duty Military ID and Request for Title 10 Independent Duty Personnel (IDP) Fitness Memberships/Respite Care Authorization with signature of Commanding Officer and POC signature. * Commander to Contact Military One Source for Email Address /Contact Info for Military Service POC Approval.

DATE MEMBERSHIP ACTIVATED: ____/____/____

MONTHLY RATE CHARGE \$ ____ x 6 = \$ ____

YMCA staff may contact Armed Services YMCA at 703.455.3986 for additional information.

DoD reserves the right to review membership records for audit purposes.

**Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite Child
Care Authorization**

DoD Military TITLE 10 ONLY

Please type or print legibly

Command/Unit Name:

Address: City: State: Zip:

Command/Unit POC:

Phone: Fax: POC Email:

Duty Address if different than Command Address:

Address: City: State: Zip:

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

Initial Request Follow On (incoming/outgoing personnel)

Private Fitness Facility:

Eligibility is for Service member only, no family members are authorized

Number of Active Duty personnel **requesting** a fitness membership: _____

Rate/Rank/Full Name of each Service member:

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

(All Service Members at this duty address **MUST** attend the same private facility)

Fitness Facility Name: Fitness Facility POC:

Address: City: State: Zip:

Fitness Facility POC Phone: Fitness Facility POC Email:

YMCA:

Number of Active Duty personnel requesting memberships: _____

Name/Address/**Phone number** of **YMCA** of choice:

YMCA Name: YMCA POC:

Address: City: State: Zip:

YMCA POC Phone: YMCA POC Email:

Rate/Rank/Full Name of each Service member:

Membership Requirement:

(This section must be included with the request for IDP membership and signed by CO/OIC)

Federal DoD Title 10 Only

It is the Command's responsibility to ensure all eligible command members are notified of the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of YMCA or private fitness memberships at this duty station or future duty stations. Failure by the command to make this requirement known will not be a basis for waiver consideration at the time of renewal.

- **Members are required to attend the YMCA/Private Fitness Facility a minimum of 8 calendar days per month.** It is the Service member's responsibility to ensure their visits are accurately registered via card swipe or log book, etc.
 - Family visits count towards meeting the 8 calendar day visit per month but multiple visits on the same day count as only ONE CALENDAR DAY for purposes of meeting the monthly minimum requirement.
- The IDP application must be completed in its entirety or will be returned to the command. All applicable information (names, addresses, POC's, phone, email, etc) must be included. Failure to do so will result in a delay in processing this request.

Renewal Requirements:

- **Private Fitness Centers:** Renewal Requests must include the usage documentation for all 6 months and submitted to csealey@asymca.org along with the ORIGINAL approved/signed IDP Request in order for a renewal to be processed.
- **YMCA Renewals** will be completed internally by the participating YMCA. Each Service member must resubmit a DoD Eligibility Form and the ORIGINAL unit approved/signed IDP Request for a renewal to be processed.

The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:

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 understand that each member must have 8 calendar days per month attendance on their membership in order to be eligible for renewal in six months or reinstatement at a follow on command, if applicable.

Signature:

Printed Name/Rank:

Title:

Email:

Phone Number:

This section to be used by Services' Point of Contact

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.

Approving Service POC

IDP Approval List – April 2014

Navy

Vicki Teran – All Navy approvals

vicki.teran@navy.mil

www.navyfitness.org/fitness/armed_services_ymca_program/

Marine Corps

Davis Murphy – Marine Forces Reserve

davis.murphy@usmc.mil

Gilbert Macias – Marine Corps-Recruiting Command

gilbert.macias@marines.usmc.mil

Michelle Brown – Other USMC IDP Inquiries

brownmi@usmc-mccs.org

www.marines.mil/unit/maforres/MFRHQ/MCCS/SemperFit/GymMemberships.aspx

Army

Brian McDonald – Army Recruiting Command

usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil

Carol Kowta-Herr – Other Army IDP Inquiries

usarmy.ibsa.imcom-hq.mbx.army-ymca@mail.mil

www.usarmymwr.comrecreation/sportsandfitness/ymca_memberships.aspx

Air Force

Jhoanna Sanchez, Travana Toney , Vicky Saenz – All Air Force IDP approvals

afsva.fitness.distro@us.af.mil

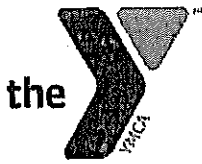
www.usafsports.com

Previous IDP approvers:

Navy: J. Kelly Powell, Mike Bruner

Army: Dorie/Kelly Hickson

Air Force: Donald Cook, Courtney Cruz, William Parker, Sheri Kraus, Vicki Peterson, Corey Lewis, Matthew Mountcastle, Tim Anderson, Ronald West, Timothy Renegar, Elisha Abercrombie



Date Membership Activated: _____

Expiration Date of Membership: _____

Thank you for joining /renewing your YMCA membership as part of the YMCA Military Outreach Initiative.

Your Membership will **automatically expire in 6 months**. However, it can be renewed for another 6 month period if you still meet the eligibility requirements of the Armed Services YMCA and Department of Defense Military Outreach Initiative.

Please come back 15 days before your membership expires and complete / sign the DOD eligibility form for renewal in the Military Outreach Initiative. Additionally, you will need to bring the following items when you come to complete renewal process.

National Guard / Reserve Deployed Category

- Copy of your spouse's orders for review of the YMCA showing the continued deployment of the Title 10 Deployed National Guard or Reserve Service Member for a continued minimum deployment time frame of 6 consecutive months. ***If the service member is on abbreviated orders and does not have another 6 months of deployment left in the tour then no renewal is possible.**
- Present your Active Military Dependent Spouse ID for review
- Present Legal Guardianship paper work if caring for a National Guard or Reservist child due to deployment
- Newly completed DoD Eligibility Form signed by yourself or your military spouse dependent.

Independent Duty Category

- Already Approved IDP Request Letter signed by the proper POC for your Military Service Branch. Additionally if not on the original approved IDP then there will need to be a memo adding you to the Units Approved IDP signed by the Company Commander or NCOIC or OIC

Certified Military POC Approvers:

Army: Carole Kowta, Brian McDonald, Kelly Hickson **Air Force:** Matthew Mountcastle, Vicki Peterson, Sheri Kraus, William Parker, Courtney Cruz, Donald Cook **Marines:** Davis Murphy, Gilbert Macias, Catherine Ficadenti **Navy:** Vicki Teran, Mark Bruner, Kelly J Powell

- Completed DoD Eligibility Form signed by yourself or your military spouse dependent.

Relocated Spouse Category

- Copy of your spouse's orders for review of the YMCA showing the continued deployment to Theater showing the continued deployment eligibility of the Active Duty for Relocate Spouse. **These orders must show a continued minimum deployment time frame of 6 consecutive months. *If the service member is on abbreviated orders and does not have another 6 months of deployment left in the tour then no renewal is possible.**
- Present your Active Military Dependent Spouse ID for review
- Newly completed DoD Eligibility Form signed by yourself or your military spouse dependent

Please note that the renewal of your membership is also contingent upon you /your family visiting the YMCA a minimum of 8 individual calendar days per month. Please make sure you / your family check in with your YMCA Membership Card every time you visit the YMCA. It is the service member's responsibility to ensure that the YMCA Membership Card is swiped before entering the facility.

Your signature below indicates your awareness of the membership renewal stipulations.

Member Signature

Date

Thank you and we look forward to seeing you and your family at the YMCA.

This Document will be retained in your YMCA File