

YMCA/DoD ELIGIBILITY FORM

SPONSOR NAME: _____

DATE: _____

PAYGRADE: _____

SERVICE BRANCH:

ARMY MARINE CORPS NAVY AIR FORCE

STATUS:

ACTIVE DUTY RESERVE NATIONAL GUARD

DUTY STATION: _____

SPOUSE'S NAME: _____

CHILDREN'S NAMES: _____ AGE _____

_____ AGE _____

_____ AGE _____

_____ AGE _____

_____ AGE _____

HOME EMAIL ADDRESS (Optional): _____

REQUIRED DOCUMENTS: DEPLOYMENT ORDERS

MILITARY ID CARD



YMCA
We build strong kids,
strong families, strong communities.

----- CUT HERE -----

FOR YMCA USE ONLY

YMCA BRANCH NAME: _____

MAILING ADDRESS: _____

ELIGIBILITY:

DEPLOYED GUARD/RESERVE FAMILY MEMBER

RELOCATING SPOUSE

PILOT SITE (JOINT BASE)

RESPITE CHILD CARE

INDEPENDENT DUTY PERSONNEL

DATE MEMBERSHIP ACTIVATED: _____

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

YMCA staff may contact Armed Services YMCA at 703.313.9600 for additional information.
DoD reserves the right to review membership records for audit purposes.