

**ELIGIBILITY FORM**

Select One:  New Membership  Renewal Membership

**Section 1: Sponsor Information**

1. Sponsor Name (Last, First): \_\_\_\_\_
2. Sponsor Rank (E1 – O10): \_\_\_\_\_
3. Sponsor/Family 10 Digit Phone Number: \_\_\_\_\_
4. Sponsor/Family Email Address: \_\_\_\_\_

**Section 2: Category/Eligibility Information**

1. DoD Service Branch (Select One):  Army  Air Force  Marine Corps  Navy
2. Title 10 Status (Select One):
  - Active Duty Independent Duty Personnel
  - Unaccompanied Spouse/Family of Active Duty Service Members  
Country of Deployment: \_\_\_\_\_
  - Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve  
Country of Deployment: \_\_\_\_\_
3. Projected Date Range of Assignment (Required for All Program Categories):  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Month / Year Month / Year

**Section 3: Dependent Information**

1. Spouse Name (Last, First): \_\_\_\_\_
2. Child Name(s), Age(s):
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Section 4: Member Authorization Signature**

1. I certify that I am/my spouse is currently Title 10 and is eligible for a membership under the Military Outreach Initiative.
2. I have read and understand the attendance requirements of the Military Outreach Initiative.

Signature of Sponsor or Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Please select your preferred local YMCA branch: