

\_\_\_ New DoD Membership \_\_\_ Renewing DoD Membership \_\_\_\_\_ YMCA Member ID#

**YMCA/DoD ELIGIBILITY FORM- (TITLE 10 ONLY)**  
**COMMUNITY BASED WARRIOR TRANSITION UNIT**

**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: \_\_\_ COMMUNITY BASED WARRIOR IN TRANSITION UNIT

**\*\*Those eligible have military orders to a Community Based Warrior Transition Unit. The Service member is based at their home location on 6 months orders to complete rehabilitation and must show their Title 10 Orders upon registration. An IDP is Not Required. This may be a family or single membership which will be renewable in six month increments. Note: Service members assigned to a CBWTU receive orders for six months at a time, renewed based on their rehabilitative progress. Any Service member with a current set of orders to a CBWTU is eligible regardless of the remaining time on their orders. Renewals will also be allowed as long as the Service member has a current set of orders, regardless of the duration.**

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

DUTY STATION: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

CHILDREN'S NAMES:

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



HOME EMAIL ADDRESS: \_\_\_\_\_

MILITARY ORDERS DATE RANGE: \_\_\_\_\_

**MEMBERSHIP RENEWAL REQUIREMENT: 8 INDIVIDUALS DAYS PER MONTH**  
**(PER SERVICE MEMBER or FAMILY MEMBER)**

\_\_\_\_\_  
*Signature & Date of Sponsor or Spouse for attendance requirements*

*I certify that I am/my spouse is TITLE 10 on CBWTU orders and therefore eligible for YMCA membership.*

\_\_\_\_\_  
*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): \_\_\_ CBWTU ORDERS \_\_\_ ACTIVE MILITARY ID

ELIGIBILITY: (TITLE 10 ONLY) (YMCA Staff Must Initial)

\_\_\_ COMMUNITY BASED WARRIOR IN TRANSITION UNIT

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.*